

Miscellaneous Payment Request

			Í	Date ————			
SS#/FEI #			_ Dept. Req. #				
Pay To			Originating Dept.				
•							
Address ————	* * * * * * * * * * * * * * * * * * * *						
			_ Phone				
QUANTITY		DES	CRIPTION		AMOUN	1T	
		9					
				TOTAL ➤		1	
WHEN CHECK IS READ							
Mail to address sho	wn 🛄 Departmen Name _	it will pick up; ca	all:	Phone			
ADDITIONAL COMMENTS/E							
		EA FOR ACCOL	JNTS PAYABLE OFFICE USE ONL'	Y			
DEBIT ACCOUNT NO.	O. SUB CODE	AMOUNT	INVOICE DATE	>			
			VENDOR INVOICE #	>			
			SPECIAL HANDLING CODE	>			
			DUE DATE	>			
			RECEIPT DATE	>			
Authorized funds are	available and the ser	rvice provided	was for bona fide business purpo	oses of the accoun	t(s) charge	∍d.	
This Payment has not	been requested previ	iously.					
Requested By				Date			
				Date		, <u>.</u>	
Authorized Departmen	it digitature						
Additional Approval (if	required)			Date			