

REQUEST FOR PAYMENT VOUCHER - VENDOR/NON-VENDOR

Check

ACH

Wire

Credit Card

PO#: _____

BANK NAME: _____

INVOICE#: _____

VENDOR# or NON-VENDOR#: _____

ABA ROUTING#: _____

VENDOR or PAYEE NAME: _____

ACCOUNT TYPE/TITLE: _____

ADDRESS: _____

ACCOUNT# _____

City, State, ZIP _____

* Wire Request should be received by Treasury
before 12:00 PM to be processed on the day of receipt.
It is the responsibility of the requestor to secure and
ensure the receiving bank information is correct.

RECEIVER# _____

PAY LOCATION NAME: _____

ACCT LN#:	FUND	DEPT	APP UNIT	OBJ/REV SOURCE	PROJECT/ GRANT	ACCT CATEGORY	FUND SOURCE	AMOUNT	P/F
01									
02									
03									
04									
05									
06									

TOTAL:

COMM LN#:	QUANTITY INVOICE	DESCRIPTION	UNIT COST ON INVOICE	AMOUNT	P/F
01					
02					
03					
04					

TOTAL:

\$0.00

REASON FOR REQUEST: _____

When the issuance of a check is not appropriate and it is deemed necessary to issue a wire transfer,
the request shall be supported by full and adequate documentation and objective.

REQUESTOR/PAYEE SIGNATURE: _____

REQUESTING DEPARTMENT: _____

REQUEST DATE : _____

DEPARTMENT'S AUTHORIZATION FOR PAYMENT:

SIGNATURE: _____ DATE: _____

NAME AND TITLE: _____

ACCOUNTING REVIEW

APPROVAL SIGNATURE _____ DATE: _____

NAME AND TITLE: _____

TREASURY REVIEW

WIRE INSTRUCTIONS

PAYMENT ID

FROM BANK NAME: _____

BANK ACCOUNT # _____

PROCESSED BY: _____

PROCESSED DATE: _____