|  |  |
| --- | --- |
| Date |  |
| Payee: (**legal** name) |  |
| Banner ID: |  |
| Address: |  |
|  |  |
| Date Required |  |
| **Special Handling** |  |
| Mail out:  |  |  |  |
| Direct Deposit |  |  |  |
| SPO: |  |  |  |
| Hold for Pickup: |  | Name/Extension: |  |
| *(Normal processing time is seven days after receipt by Accounts Payable)* |
| DESCRIPTION/PURPOSE OF PAYMENT | INDEX | ACCOUNT | AMOUNT |
|  | **(6-digit fund #)** | **(4-digit acct. #)** |  |
|  |  | **TOTAL**  | **$** |  |
| INSTRUCTIONS: Use only to initiate payment of advances (indicate destination and dates of trip), honoraria and awards (Social Security number required for these payment types), refunds, and similar transactions where an invoice or other document is not available. If invoice is available, this form is not required.  |
| PRINTED REQUESTER NAME: | DATE |
| REQUESTER SIGNATURE: | DATE |
| APPROVED BY: | DATE |