

DOCUMENT CONTROL NUMBER

(ACCOUNTS PAYABLE USE ONLY)

PAYMENT REQUEST

**SEND TO: ACCOUNTS PAYABLE DEPARTMENT**201 S. PRESIDENT'S CIR, RM 145 (Campus Loc: Park/145)
SALT LAKE CITY, UT 84112-9003 (Phone: 801/581-6976)**DO NOT FILL IN SHADED AREAS.**

PAYMENT INFORMATION	PAYMENT REQUEST NUMBER (this number will appear on Management Reports)	PAYEE INFORMATION	PAYEE NAME	PAYMENT IS FOR
	VENDOR NUMBER (IF KNOWN)		TRADE NAME (IF APPLICABLE)	IF SERVICES, LIST TYPE:
	INVOICE NUMBER		REMIT ADDRESS	VENDOR TYPE
	INVOICE DATE		CITY	DATES OF SERVICE
	INVOICE AMOUNT		STATE ZIP	CHECK BOX IF WORK PERFORMED OUTSIDE U.S. <input type="checkbox"/>
MAILING POLICY: Business or home addresses are required for consultants, independent contractors, & honoraria. Campus addresses are not allowed if the transaction is reportable under IRS guidelines.			PAYEE ID NUMBER (EIN, SSN, TIN OR uNID)	HANDLING
			Check this box if you want to make this payment on a separate check <input type="checkbox"/>	
			Is this payment being made to or on behalf of an individual or organization that is a non resident alien? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, give country of residence:	
			If the non-resident information above is not complete, this request will be returned-unpaid.	

PURPOSE/EXPLANATION	Note: Business meals, refreshments, or entertainment expenses must include the names of attendees (if less than 10) or name of group and number in attendance, a detailed description, and dates of the function.	PREPARER / CONTACT	Name and Employee ID (uNID)
			eMail Address
			Department
			Phone Number and Date

CHARTFIELD	BU	ORG	FUND	ACTIVITY	PROJECT	ACCOUNT	A/U	AMOUNT (\$)	1099 CODE	
	TOTAL									

Each field must be filled in to properly allocate the payment. If all fields are not properly filled out, this request will be returned, resulting in unnecessary delays.

APPROVALS	Payee Signature (for reimbursements)	Type or Print Payee Name, Employee ID (uNID) and eMail Address
	I certify that these expenses were actual, necessary and reasonable and incurred for official business of the University and that no portion of this claim was provided free of charge, previously reimbursed from any other source, or will be paid from any other sources in the future.	
	Authorized Signors: An Account Executive/PI (or Authorized Alternate) with the responsibility to approve and commit University funds must review and sign this form. Exceptions to University policy require approval by the appropriate Vice President.	
	Authorized Signatory on the above chartfields	Type or Print Signor's Name, Employee ID (uNID) and eMail Address
	Date	Signature verified by
	Second Signature or Authorization for Exceptions:	Type or Print Signor's Name, Employee ID (uNID) and eMail Address
	Date	Signature verified by
Certification: We certify that we have reviewed claims associated with this payment request, have found them in compliance with University Regulations, any applicable laws and external regulations and any sponsoring agencies funding these activities or projects. We hereby authorize payment and attest to the truth of the statement herein.		

This space is reserved for Accounts Payable		See Accounts Payable WEBSITE for Routing instructions and Required Approvals	FBS Department Name	FBS Reviewer
VOUCHER NUMBER	HOLD CODE			
GROUP NUMBER	VENDOR NUMBER			
TERMS	VENDOR LOCATION			
LARGE DOLLAR REVIEWER	VENDOR ADDRESS SEQUENCE NUMBER			