

Fund

Yes

Box #

Vendor Information

Payee  
Address

Check one below

Mail check directly to payee (please enclose envelope for off-campus mailing)

Mail check back to: Name

Check will be picked up. Please call when ready: Name

Expense Code

Campus Location

INVOICE #

Required for Reimbursement Only:

Custodian/Authorized Signature

5000  
5010  
5020  
5030  
5040  
5500  
6000  
6050  
6100  
6150

6400  
6450  
6500  
6550  
6600  
6650  
6700  
6750  
6800  
7050