

PAYMENT REQUEST VOUCHER

Remit Address:

Voucher Date

Alternate

Invoice Number	Invoice Date	Object Code	FCPA #	FCPA Account Name	Invoice \$ Amount		(Credit) (\$ Amount)
Business Purpose (if Required):							
TOTALS							

11

E-mail address

11

Send additional copy provided

Other: _____

into such transactions on behalf of the above.

Date:

Date:

Date:

Attach original invoices, receipts or other acceptable documentation to original voucher.

Revised: 11/20/02

ACCOUNTS PAYABLE USE ONLY

1

Other:

	Vendor copies not attached
	Departmental approval omitted
	Invoice(s) not original
	State sales tax not deleted
	Incorrect taxes deleted or computed
	Incorrect object code(s)
	Incorrect invoice split or \$ amount
	Other: