

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