

# UNIVERSITY MEDICAL CENTER ACCOUNTS PAYABLE CHECK REQUEST

**VOUCHER ID:** \_\_\_\_\_

**ENTERED BY/DATE:** \_\_\_\_\_

Submit Date: \_\_\_\_\_ Date Check Needed: \_\_\_\_\_

Requested By: \_\_\_\_\_ Mail Check: **YES**  **NO**  Call For Pick Up: **YES**  **EXT:** \_\_\_\_\_

Dept: \_\_\_\_\_ **EXT** \_\_\_\_\_ Special Instructions: \_\_\_\_\_

VENDOR NO. (10)	INVOICE DATE (10)	INVOICE NO. (16)																																
<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td> </tr> </table>											<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 33%;"></td><td style="width: 33%;"></td><td style="width: 33%;"></td> </tr> <tr> <td style="text-align: center;">(Mo.)</td><td style="text-align: center;">(Day)</td><td style="text-align: center;">(Year)</td> </tr> </table>				(Mo.)	(Day)	(Year)	<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td> </tr> </table>																
(Mo.)	(Day)	(Year)																																

**EMPLOYEE?** **YES**  **NO**

**IS PAYEE 1099?** **YES**  **NO**

PAYEE: \_\_\_\_\_

ADDRESS 1: \_\_\_\_\_

SOC. SEC. NO. (9) 

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ADDRESS 2: \_\_\_\_\_

TAX ID. NO. (9) 

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City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

In Payment For: \_\_\_\_\_

**DEPT. NAME** \_\_\_\_\_

EXT

APPROVALS \_\_\_\_\_

DEPT. HEAD \_\_\_\_\_

DATE \_\_\_\_\_

ADMIN: \_\_\_\_\_

DATE \_\_\_\_\_

BUS. UNIT: \_\_\_\_\_

ACCT. APPROVAL: \_\_\_\_\_

ACCOUNT DISTRIBUTION			
AMOUNT	ACCOUNT NO. (6)	DEPT. NO (4)	PROJECT NO. (11)
_ ,  _ _ ,  _ _ .  _ _	_ _ _ _ _	_ _ _	_ _ _ _ _ _ _ _ _ _ _
_ ,  _ _ ,  _ _ .  _ _	_ _ _ _ _	_ _ _	_ _ _ _ _ _ _ _ _ _ _
_ ,  _ _ ,  _ _ .  _ _	_ _ _ _ _	_ _ _	_ _ _ _ _ _ _ _ _ _ _
_ ,  _ _ ,  _ _ .  _ _	_ _ _ _ _	_ _ _	_ _ _ _ _ _ _ _ _ _ _
_ ,  _ _ ,  _ _ .  _ _	_ _ _ _ _	_ _ _	_ _ _ _ _ _ _ _ _ _ _
_ ,  _ _ ,  _ _ .  _ _	_ _ _ _ _	_ _ _	_ _ _ _ _ _ _ _ _ _ _
_ ,  _ _ ,  _ _ .  _ _	_ _ _ _ _	_ _ _	_ _ _ _ _ _ _ _ _ _ _
_ ,  _ _ ,  _ _ .  _ _	_ _ _ _ _	_ _ _	_ _ _ _ _ _ _ _ _ _ _
_ ,  _ _ ,  _ _ .  _ _	_ _ _ _ _	_ _ _	_ _ _ _ _ _ _ _ _ _ _

**AMOUNT TOTAL**

**CONTROL TOTALS**

Supporting Documentation: Original Invoice or Receipt must be attached.

**DATA PROCESSING**