

SPECIAL HANDLING PAYMENT REQUEST

AS209

Request Date

Se	parate	Check	Y

Department			
Contact			
Phone	Fax		E-mail
Supplier			
Amount		Expenditure D	Date

Check all that apply:

The attached payment request ne	eds PRIORITY HANDLING for payment by
Otherwise, the payment request w by the Accounts Payable & Travel	<i>Date</i> vill be processed within 10 business days in the order in which it was received Office.
Justification: (Required)	
NOTIFY DEPARTMENT when chetc.).	eck is ready (for contracts held in department, local registration fees, permits,
Contact Name	Phone
Justification: (Required)	
An ENCLOSURE is attached that	should be mailed with the check (Ex. AS116 and order form, subscription).

Note: No enclosure should be submitted to the Accounts Payable & Travel Office if the supplier is paid electronically. The department must send the required enclosure directly to the supplier under a separate cover (i.e., scan).

Authorized by

Department Head

Printed Name

Date

FOR ACCOUNTING SERVICES USE ONLY