FI 050
10/2020 Division
of Finance

Clear Form

Record Date _____

Fiscal Year _____ Period _____

Vendor Customer _____

Document Number.

Code Department ID

Single Payment ◯ Yes ◯ No

Scheduled Payment Date _____

**Name _____

Department Control Number (Not Recorded in FINET)

**Alias/DBA _____

**Address _____

Disbursement Format

Handling Code _____

Document Total _____

**City UT **State **Zip

GENERAL ACCOUNTING EXPENDITURE / PAYMENT REQUEST

Invoice Number	Invoice Line	Invoice Date	Ref Doc Code	Ref Doc Dept	Ref Doc ID	Ref Vendor Line	Ref Comm Line	Ref Acctg Line	Ref Type

Line Amount	Fund	Dept	Unit	Appr	Object	Rev Srce	BSA	Activity	Function	Program	Phase

Description	Event Type

*Fields Required to Submit Form

**Required for Misc. Vendor only.

*EIN *Prepared By *Dept / Unit Phone

*Department Name *Division *Submitted Date

Department Head Authorized Agent

Fiscal Year _____

Vendor Customer _____

_____
Department Control Number (Not Recorded in FINET)

Document Number.

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