



Record Date
Fiscal Year Period
Vendor Customer

Document Number.		
Code	Department	ID

Single Payment Yes No

Scheduled Payment Date

**Name

**Alias/DBA

**Address

Department Control Number (Not Recorded in FINET)

Disbursement Format

Handling Code

Document Total

**City

**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

*EIN

*Prepared By

*Dept / Unit

Phone

**Required for Misc. Vendor only.

*Department Name

*Division

*Submitted Date

Department Head

Authorized Agent

