

Spreadsheet Upload Payment Request Form

Department/Requestor Information

Department Name <input style="width: 90%;" type="text"/>	Contact <input style="width: 90%;" type="text"/>
Phone Number <input style="width: 90%;" type="text"/>	Email <input style="width: 90%;" type="text"/>
Date Requested <input style="width: 90%;" type="text"/>	Date Required <input style="width: 90%;" type="text"/>

Special Handling Request

Due to Covid-19 checks are no longer available for pick-up at Disbursement Services (UCA 5th Floor). Checks can be mailed to a department representative using a university mail code or approved address.

Special Handling Instructions

Email Mail Code Phone Number

Distribution Information

Amount	Invoice	Business Unit	Dept.	Fund	Project**	Account Code	Chartfield 1*	Chartfield 2*	Chartfield 3*	Activity ID*	Asset
			Total Amount			* Required for Projects			**Optional		

Comments/Justification

Approvals

Department Head / Budget Manager's Signature and Date
(Cannot be person completing the form)

Provost Office Approver's Signature and Date
(Only Required if paying a research participant on non-research sponsored funds)

Sponsored Research Approval

Foundation Approval

Research Foundation Approval