Reset Values

ACCOUNTS PAYABLE CLAIM REQUEST FORM

AP-FILES AND RECORDS RETENTION – SCB 203
EMAIL: AP-FILES@NET.OU.EDU
PHONE: (405)-271-2410 or Ext: 46385 FAX: (405) 271-3082

NAME: _____

DATE REQUESTED: _____

PHONE: _____

FAX: _____

PLEASE CHECK ONE:

☐ PLEASE FAX

☐ PLEASE MAKE COPY

☐ PLEASE ECOPY

NOTE: PLEASE SORT THE LIST IN NUMERICAL ORDER ACCORDING TO THE CLAIM NUMBER. IF YOU HAVE A LARGE LIST, PLEASE ATTACH IT TO THIS REQUEST FORM.

*CLAIM#	WARRANT DATE	VOUCHER #	AMT	VENDOR NAME

***The Claim # is required for all requests. It can be found in PeopleSoft under Voucher Update/Display on the OU Voucher Info page.**