Reset Values

DATE:	
DEPT NAME:	
CONTACT:	
CONTACT PHONE:	

If this is a STUDENT REFUND, check here ____.

PeopleSoft Voucher Transmittal

VOUCHER NUMBER:	

- REFERENCE -	
Return to DEPT	

VENDOR NAME / ID:		

AMOUNT:					
ITEM ID:					
FUND:					
ORGANIZATION:					
PROGRAM:					
SUB-CLASS:					
BUDGET YEAR (BY):					
PROJ/GRANT (P/G):					
P/G START DATE:					
P/G END DATE:					

Authorized Signature:	I certify that I am of greater level of institutional authority and completely independent from the individual being reimbursed. Required for all reimbursements. **SIGNATURE, TITLE & DATE**

VOUCHER (PLEASE PAY)

Return all **VOUCHER** TRANSMITTALs with attachments to:

ACCOUNTS PAYABLE SCB-218

Please direct all inquiries to:

(405) 271-2410

SPECIAL INSTRUCTIONS FROM DEPT TO ACCOUNTS PAYABLE