



# VOUCHER/CLAIM REQUEST FORM

EMAIL: [AP-FILES@OUHSC.EDU](mailto:AP-FILES@OUHSC.EDU)

PHONE: (405) 271-2410 or FAX: (405) 271-3082

Name:
Date Requested:
Campus Address:
Fax Number:

Please select one:	<input type="radio"/> Scan	<input type="radio"/> Fax
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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.

<b>* <u>Claim #</u></b>	<b><u>Warrant Date</u></b>	<b><u>Voucher #</u></b>	<b><u>Amount</u></b>	<b><u>Supplier Name</u></b>

**\* The Claim # is required for all requests. It can be found in PeopleSoft Financials under OU Payment Information on the OU Voucher Info tab.**