

UNIVERSITY OF NORTH ALABAMA PAYMENT REQUISITION		
COST CENTER: _____	DATE: _____	
VENDOR NAME AND ADDRESS: 		
UNIVERSITY ID: L _____ * If vendor record not found in Banner, please attach a W-9		
<i>Describe the University business purpose below. Attach supporting documentation.</i>		
<u>DATE</u>	<u>DESCRIBE EACH ITEM</u>	<u>AMOUNT</u>
TOTAL PAYMENT		\$0.00
INDEX FUND ORG ACCOUNT		For Business Office Use Only 1099 Y N
<i>Requested by (Signature)</i>		<i>Date</i>
<i>Cost Center Head Approval (Signature)</i>		<i>Date</i>
<i>Dean or VP (Supervisor)</i>		<i>Date</i>
Comments: _____ _____ _____		

DATE: _____

* If vendor record not found in Banner, please attach a W-9

Describe the University business purpose below. Attach supporting documentation.

<u>DATE</u>	<u>DESCRIBE EACH ITEM</u>	<u>AMOUNT</u>
	TOTAL PAYMENT	\$0.00

INDEX	_____
FUND	_____
ORG	_____
ACCOUNT	_____

For Business Office Use Only			
1099	Y	N	

Date

Date

Date

Comments: _____
