UNIVERSITY OF NORTH ALABAMA PAYMENT REQUISITION



COST CENTER:		DATE:			
VENDOR NAME AND A	DDRESS:				
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UNIVERSI		nd in Banner, please attach a W-9			
Describ	the University business purpose below		ation.		
<u>DATE</u>	DESCRIBE EACH	ITEM		AMC	<u>UNT</u>
	TOTAL PAYMI	ENT	For Busin	ness Office	Use Only
INDEX					
FUND					
ORG ACCOUNT					
ACCOUNT			1099	Y	N
	Requested by (Signature)	Date	-		
Cost Ce	nter Head Approval (Signature)	Date	-		
	Dean or VP (Supervisor)	Date	_		
Comments:					•
					•