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			BAMA MEDI	PAY REC			. •			
DATE		1	(Do not use for University purchases)					REQUEST NUMBER		
							NEQ020	TROMBER		
G/L Acct (Subcode)	Dept #	Fund # (1,2,3, or 4)				Amount				
(Subcode)	#	(1,2,3, 01 4)		1	(Assigned #)					
				_						
Requestor Information					Payee Information					
NAME:										
DIVISION:					STEET:					
DEPT:										
BLDG:				STATE:		ZIP:				
PHONE:				PHONE:		FAX:				
FAX:										
Return check to (select one): Other (Specify): Other				nent	Bursar	Payee				
QTY DESCRIPTION						UNIT OF MEASURE	UNIT COST	TOTAL		
After departmental approvals are obtained, submit original copy of this form to the COM Business/Accounting Office (CSAB 104).										
2. Attach either an original invoice or original receipt. Total Due 3. For membership and subscriptions, attach the order or renewal form.										
Special Instructions:										
Approvals										
Requestor's Signature						Date:				
Department Approval						Date:	Date:			
COM Bus Office Appro	val					Date:	Date:			
SAMSF President Approval (Over \$500)						_				
ישטע דיפאעפוו אין איזעער (טעט געטע) <u>(</u> 						_ Date:				
Other Admin Approval	(Over \$2000)					_ Date:				
Revised: Septmber 9	9, 2009									