



# State Treasurer Payment Request

Please fill out this form online and print **Voucher ID #:** \_\_\_\_\_ **Vendor #:** \_\_\_\_\_

**Issue Check to:** \_\_\_\_\_

**Address (Number and Street Name):** \_\_\_\_\_ **Apt #:** \_\_\_\_\_

**Address Line 2 (if needed):** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

Business Unit	Fund	Source	Account	Dept. ID	PC Business Unit	Project ID	Activity	Program	Cost Code 1	Cost Code 2	Cost Code 3	Amount	Central Audit Approval
											TOTAL:		

**Explanation of Transfer:** \_\_\_\_\_

**Payment Method:**

- Core Banking
- CMCS

**Due Date** (MM-DD-YY): \_\_\_\_\_

Accounting Services use only:
PS Treasury Bank Transfer ID: _____
Bank Account: _____
Initiated by: _____
Approved by: _____
Treasury accounting posted by: _____

Prepared By:	Departmental Approval
Dept Name: _____	Approved By: _____
Campus Box: _____	Signature _____
Telephone No.: _____	Print Name: _____ Date: _____

(For changes to dollar amount)