THE UNIVERSITY of NORTH CAROLINA at CHAPEL HILL

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:	$ 0.00	

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:	
Dept Name:	
Campus Box:	
Telephone No.:	

(For changes to dollar amount)

Departmental Approval	
Approved By:	
Signature	_____
Print Name:	Date:

PRINT