

## **State Treasurer Payment Request**

Please fill out this form online and print <b>Vou</b>				Vouch	/oucher ID #:				Vendor #:				
Issue Check to:													
Address	s (Num	ber and	Street Na	me):						_	Ар	t #:	
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		Central Audit Approval
											TOTAL:		

## Explanation of Transfer:

Payment Method: Core Banking	Accounting Services use only:
NCFS	PS Treasury Bank Transfer ID:
NCF3	Bank Account:
Due Date (MM-DD-YY):	Initiated by:
· · · · · · · · · · · · · · · · · · ·	Approved by: Treasury accounting posted 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)			