

Batch Date _____ Batch Amount _____

Batch Name _____ No. Of Invoices/Credit Memos Attached: _____

Pay Entity: _____ Date _____

Prepared By: _____ Date _____

Entered By: _____ Date _____

Audited By: _____ Date _____

Department: _____ Bureau: _____

Invoice Type: Direct Pay (Standard) PO-Matched Employees

WIRE INFORMATION			
1	2	3	4
ABA # _____	Bank Acct # _____	Bank Name _____	Vendor Name _____

NOT PROJECT RELATED - USE THIS SECTION FOR ALL OTHER PROJECTS

BE	Vendor Number	Vendor Site Name	Invoice No./ CM No.	Fund	Dept	Account	Function/ Activity	Project	Funding Source
	W. 4115		#19	648-00	100	030204	5750004	115000	

Project Related - USE THIS SECTION FOR ALL PROJECTS

BE	Vendor Number	Vendor Site Name	Invoice No./ CM No.	Project	Task	Award	Expenditure Type	Expenditure Organiz.	Expenditure Item

I hereby certify that the Goods and Services covered by the Disbursement Request Form have been (1) Received by me, (2) Inspected as to the Quality and Condition, with the exception as noted, and are for the exclusive use of this Department.

Authorized Receiving Employee: [Signature] Date: 11/10/09

Fund Availability Certification: The undersigned certifies that funds are encumbered for all purchase order invoices and available at the budget adoption level for all other invoices as indicated herein.

Department/Bureau Head: [Signature] Date: 2-17-10

Approved: _____ Date: _____

Signature: _____