



VOUCHER/DISBURSEMENT REQUEST

PURPOSE (Must Select One):

- ☐ Payment for services less than \$5,000
☐ Personal Service Agreement #A _____ Final Pay? ☐ Y ☐ N
☐ Stipend (Include [spreadsheet](#) for multiple payees)
☐ Membership/Subscription renewal Original PO # _____
☐ Prizes/Awards
☐ Other (Specify): _____

Is the payee a state employee?	<input type="checkbox"/> Y <input type="checkbox"/> N
*Is the payee a foreign national for tax purposes?	<input type="checkbox"/> Y <input type="checkbox"/> N
*Is payee a vendor in Banner?	<input type="checkbox"/> Y <input type="checkbox"/> N
*Subject to athlete & entertainers' tax?	<input type="checkbox"/> Y <input type="checkbox"/> N
*See "Additional Information" for instruction	

VENDOR NAME		"REMIT TO" ADDRESS	
FEIN OR BANNER ID (See instructions. DO NOT ENTER SS#)			
INDEX	ACCOUNT	AMOUNT	BUDGET AUTHORITY SIGNATURE AND DATE <small>I CERTIFY COMMODITIES RECEIVED OR SERVICES RENDERED</small>
TOTAL			
REASON FOR EXPENDITURE OR DESCRIPTION OF SERVICES PROVIDED: SERVICE PERIOD: From _____ To _____			
GRANTS OFFICE APPROVAL		DATE:	
ACCOUNTS PAYABLE USE ONLY			
BANNER DOC #		PAY DATE:	
CHECK #		CHECK DATE:	