

INVOICE PAYMENT FORM

| Date | | | | | | |
|----------------------------|------------------------|-------------|------------------------|--------------------------------|--|--|
| Payer | University | Foundation_ | | Alumni | | |
| Payee | | | | | | |
| Social Secu | urity or Federal ID No | | | | | |
| Address | | | | - | | |
| City | | | | - | | |
| State | | Zip Code | | _ | | |
| Ledger Acc | count | | Campus | | | |
| Fund | | | | rce Funded | | |
| Cost Center | | | Indirect Cost Recovery | | | |
| Grants | | | Partner A | Partner Affiliation | | |
| Gift | | | Revenue/Spend Category | | | |
| Capital Project | | | Term | | | |
| Program | | | | | | |
| Descrip | tion: | | | | | |
| | | | | | | |
| | | | | | | |
| Amount | \$ | | | | | |
| Requestor/Payee Title/Date | | | | Cost Center Approver Dept/Date | | |