

University of Pennsylvania

Office of the Comptroller

AP Request for Payment - Corporate Suppliers Only

VENDOR NUMBER

DATE: _____

- WILL CALL
 ATTACHMENT
 UPS (Addressed Envelope must be provided with C-Form)

EIN Number: _____

PAYEE NAME (Company): _____
 PAYSITE: (If Applicable) _____
 ADDRESS-1: _____
 ADDRESS-2: _____
 CITY: _____ STATE: _____ ZIP: _____ COUNTRY: _____

Line #	INV. DATE (DD-MMM-YR)	INVOICE NUMBER	AMOUNT	26 DIGIT-ACCOUNT NUMBER(# of digits in category)						
				CNAC(3)	ORG(4)	BC(1)	FUND(6)	OBJ(4)	PROG(4)	CREF(4)
1										
TOTAL AMOUNT:									Accounts Payable Use	

Business Purpose for Payment: _____

APPROVALS SECTION			
EMBOSSED BY TAC HOLDER		SIGNATURE OF TRANSACTION AUTHORIZATION CARD (TAC) HOLDER	
		TYPE NAME OF TRANSACTION AUTHORIZATION CARD (TAC) HOLDER	
		ADDITIONAL APPROVAL SIGNATURES (IF NECESSARY - SIGN & TYPE)	
DEPARTMENT NAME	ORG CODE	MAIL CODE	TELEPHONE
TAC HOLDER RESPONSIBILITIES - SIGNATURE OF THE TAC HOLDER INDICATES THAT THIS PAYMENT REQUEST IS IN COMPLIANCE WITH UNIVERSITY POLICY, IS AUTHORIZED FOR THE ACCOUNT BEING CHARGED, AND IS ACCURATE AND COMPLETE WITH REGARDS TO THE 26 DIGIT ACCOUNT CODE AND REQUIRED DOCUMENTATION.			

DELIVER COMPLETED FORMS TO: 440 FRANKLIN BLDG., 3451 WALNUT ST., PHILADELPHIA, PA 19104