

University of Pennsylvania

Office of the Comptroller

Request for Payment - FOREIGN CORPORATION & FOREIGN DRAFTS

VENDOR NUMBER

DATE: _____

FOREIGN NATIONAL
 FOREIGN DRAFT
 UPS (Addressed Envelope must be provided with C-Form)

C-12 REQUIRED
 W-9 REQUIRED

EIN/SSN: _____

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											
2											
3											
4	Tax Deducted Amount			000	0001	1	000000	2106	0000	4373	
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