

Complete this form as a fillable PDF. Select the link to review the instructions prior to completing.

[AP-9-Form-Instructions](#)

VENDOR INFORMATION

Vendor Name _____ SAP Vendor Number: _____
Mailing Address _____
City, State & Zip _____

PAYMENT INFORMATION

Invoice Number _____
Purchase/Service Date _____

ACCOUNT ASSIGNMENT

Fund 9100001000 (AP Use Only)
Club Account Number _____
Club Name _____

ALLOCATION

Amount	GL Account	GL Account Description & Additional Information Request				
\$ -	729900	Payment of Services, Honorariums, Speakers				
\$ -	740600	Rental of Equipment				
\$ -	747000	Rental of Space				
\$ -	770001	Cash Awards / Prizes				
\$ -	773000	Reimbursements, Supplies, Registrations, Travel, Cash Advances				
\$ -	767900	*Scholarships*	Student ID#		Award Yr./Semester	
\$ -	TOTAL PAYMENT/REIMBURSEMENT					

PURPOSE OF PAYMENT: Describe who, what, why, where, when:

CHECK PICK UP CONTACT INFORMATION

Contact Name : _____ Contact Number: _____

REQUIRED APPROVALS

Officer Name (Printed) _____ E-mail: _____
Officer Signature: _____ Date _____ Phone _____
Officer Name (Printed) _____ E-mail: _____
Officer Signature _____ Date _____ Phone _____
Advisor Name (Printed) _____ E-mail: _____
Advisor Signature: _____ Date _____ Phone _____