

MEDICAL CENTER

Shaded Areas are for Accounting Use Only

Is this payment to or on behalf of a U.S. Citizen or Permanent Resident?  Yes  No

Vendor # \_\_\_\_\_  
 1099 Amount \$ \_\_\_\_\_ Code \_\_\_\_\_  
 Srt Cd \_\_\_\_\_ Ck Desc # \_\_\_\_\_ Sep Ck \_\_\_\_\_

Vendor \_\_\_\_\_ Employee \_\_\_\_\_ Student \_\_\_\_\_

Payee  
(Maximum of 31 characters) \_\_\_\_\_  
(First) (MI) (Last)

Mailing Address  
(Max. 4 lines of 31 characters) \_\_\_\_\_

City/State \_\_\_\_\_

Zip/Postal Code \_\_\_\_\_ Country \_\_\_\_\_

Payee Phone No. \_\_\_\_\_

Required  
 Tax I.D./SS or  
 Employee/Student ID# \_\_\_\_\_

Invoice # \_\_\_\_\_

Invoice Date \_\_\_\_\_

Description on Check stub (if required)  
 \_\_\_\_\_  
(Maximum of 30 characters)

Business Purpose (Required) \_\_\_\_\_  
(Will not appear on check stub - Attach separate sheet if additional space is needed)

Account (5 digits)	Center (10 digits)	Sub-ledger (if required) ID	Account (6 digits)	Amount
-	-			\$ .
-	-			.
-	-			.
-	-			.
-	-			.
-	-			.
<b>Total Amount Requested</b>				\$ .

Payment Method (mark only one)  
 Electronic Funds Transfer  
 Direct Deposit (ACH – to USA banks only)  
 Foreign Wire (Int'l. Vendors only)

Mail to address shown above  
 Remittance attached

Additional Instructions  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

The "Requested by" and "Approved by" signatures indicate:  
 (1) you have reviewed the expenditure, business reason, and documentation for appropriateness/compliance with VUMC policies and  
 (2) payment has not been requested or paid through any other VUMC payment process, such as the procurement card or accounts payable, or through any non-VUMC entity.  
 The "Approved by" signature also certifies as the appropriate authority to approve this expenditure on the accounts and centers listed.

	Typed or Printed Name	Signature	Date	Phone #
Requested by:				
Approved by:				
Approved by:				
Approved by:				

Accounting Use Only

Restricted, Department of Finance or Disbursements Approval \_\_\_\_\_ Date \_\_\_\_\_