



SPECIAL HANDLING PAYMENT REQUEST

AS209

Request Date _____

Separate Check Y

Form with fields: Department, Contact, Phone, Fax, E-mail

Form with fields: Vendor, Amount, Expenditure Date

Form with fields: Pay Option Code: [] CHK [] EPY [] PMD

[] NON-PRIORITY SPECIAL HANDLING

The attached payment request needs non-priority special handling. It is not a request for priority handling/payment and it will be processed in the order in which it was received in the AP & Travel Office.

[] An enclosure has been attached that should be mailed with the check (e.g., UPI and order form, subscription)

Note: No enclosure should be submitted to Accounts Payable if the vendor is paid electronically. The department must send the required enclosure directly to the vendor under a separate cover (i.e., scan).

[] Notify department when check is ready (for contracts held in department, local registration fees, permits, etc.)

Contact Name _____ Phone _____

Justification: (Required) _____

[] PRIORITY HANDLING

The attached payment request needs priority handling for payment by _____ for the reason indicated below.

[] Grant End Date _____ SPA Due Date _____

[] Notify department when check is ready (for contracts held in department, local registration fees, permits, etc.)

Contact Name _____ Phone _____

[] Other _____

Justification: (Required) _____

Authorized by

Department Head _____ Printed Name _____ Date _____

FOR ACCOUNTING SERVICES USE ONLY

Approved by _____ Date _____