

JOURNAL VOUCHER REQUEST FORM

PAYABLES ADMINISTRATION

MAIL TO:

JV PROCESSING
 PAYABLES ADMINISTRATION
 BOX 351120

REQUESTED BY

DEPT/BOX #

PHONE

DATE

Please provide the following information:

STATE AND LOCAL BUDGETS ONLY

Budget Originally charged:

Expenditure/Revenue Description(s):

Expenditure/Revenue Code(s)

Date Posted on BAR

Req #'s/CTI's/ISD's

Reference Number/UW Tag Numbers *

Transaction Amount(s)

*** PAYABLES ADMINISTRATION WILL NOT PROCESS JV REQUEST WITHOUT UW TAG # FOR EQUIPMENT**

	BUDGET NUMBER	EXP/REV CODE	AUTHORIZED SIGNATURE
DEBIT	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
CREDIT	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>

EXPLANATION:

Please retain a copy for reconciliation purposes. JV copy will not be mailed.

JV NUMBER

JV DATE

BAR MONTH