MAIL TO: REQUESTED BY
JV PROCESSING
PAYABLES ADMINISTRATION
BOX 351120

PAYABLES ADMINISTRATION 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

DEBIT
CREDIT

BUDGET NUMBER EXP/REV CODE AUTHORIZED SIGNATURE

EXPLANATION:

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

JV NUMBER JV DATE BAR MONTH