



Send a form duplicate to the Accounting Office in lieu of requisition only when remittance in advance is required, and it is impossible to obtain an invoice. **Please attach any additional copies to accompany check if needed.**

Date: **Amount of Request \$** (Automatically Computed)

Payable To: (First/Last Name and Address of Vendor) **Banner UID#:**

Prepared By (Please Print)

Email/Ext

Quantity and Unit Price values must be filled in; the Subtotal and Total values will automatically compute.

| Quantity (Required) | Description | Unit Price (Required) | Subtotal |
|----------------------------|--------------------|------------------------------|-----------------|
|----------------------------|--------------------|------------------------------|-----------------|

Check this box if you want the Accounting Office to hold check for pickup.

TOTAL:

Contact Name:

Phone:

Deliver Merchandise To:

The University of Memphis

Index #/Account Code:

Dept:

Address:

Name of Approver:

Memphis, TN 38152-

Departmental Phone Number (use 7 digits): (901)

Signature of Approver Date