

UA Payment Request Form

Account #	_____
Sub Account	_____
Object Code	_____
Project Code	_____

Request Date

Purchaser (Please Print)

UA Dept./ Vendor Name/ Employee

Purpose of Purchase:

What are you requesting to be paid? What is its business purpose / use?

(Please be specific & indicate the business purpose served. If only UA personnel are present, clearly justify why expenditure is appropriate. Attach agenda/program).

Documentation Checklist:

- ☐ List of attendees attached (5170/5550)
- ☐ Original, Itemized Receipt Attached

- ☐ Meeting Agenda
- ☐ Conference Flyer or Event Agenda

Gifts and alcohol are unallowable expenses. These purchases can only be processed through the UA Foundation if funds are available and business purpose is justified.