

Pay To: _____ Date: _____

Name / Banner ID#: _____ Approved by: _____
MUST have signing authorization (please print and signature)

Campus: _____ Invoice #: _____

	Index/Fund/Org	Acct	Pre-Tax Amount	HST	Total
1					\$0.00
2					\$0.00
3					\$0.00
4					\$0.00
5					\$0.00
6					\$0.00
7					\$0.00
8					\$0.00
9					\$0.00
10					\$0.00
11					\$0.00
12					\$0.00
13					\$0.00
14					\$0.00
15					\$0.00
16					\$0.00
17					\$0.00
18					\$0.00
19					\$0.00
20					\$0.00
Grand Total			\$0.00	\$0.00	\$0.00