

e-Z UMB PAYMENT REQUEST FORM

TO: _____

DATE: _____

REQUESTING DEPARTMENT: _____

CONTACT PERSON: _____

PHONE: _____

PAYEE INFORMATION:

Name	Address	Amount	SS No
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Project ID	Owner Dept	Program	Fund	Tx Dept	PCBU	Act ID
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CHECK ONE OF THE FOLLOWING:

___ HONORARIUM 3110

___ STUDY PARTICIPANT 3130

___ STIPEND 3726

___ INDIVIDUAL MEAL REIMBURSEMENT 3773

EMPLOYEE

NON-EMPLOYEE

DEPARTMENT APPROVAL: _____

No Handwritten Forms Will Be Processed By Accounts Payable