

SOUTHWESTERN

THE UNIVERSITY OF TEXAS
SOUTHWESTERN MEDICAL CENTER
AT DALLAS

VOUCHER # _____
DATE _____
VERIFIED BY _____
ACCEPTED BY _____

Business Office Use Only

DEPT. REQ. # _____

ON-LINE CHECK REQUEST TRANSMITTAL MAIL CODE 9028 EXT. 88212

FORM NUMBER _____

PAYEE TYPE _____ PAYEE NUMBER _____

PAYEE NAME _____

TOTAL AMOUNT _____ ACCOUNT # _____

Is this check to be picked up by the department?

YES NO

Is there a discount to be taken on this voucher?

YES NO

Is there a due date on this payment? YES NO

Date _____

PAYEE SIGNATURE _____

SENT BY _____

EXTENSION _____

DATE SENT _____