UNIVERSITY OF Cincinnati

REQUEST FOR PAYMENT

A114

SEE REVERSE SIDE FOR INSTRUCTIONS

PAYEE'S NAME	PAYEE'S SOCIAL SECURITY NUMBER / M -NUMBER
PAYEE'S MAILING ADDRESS	PAYEE'S UC FLEX VENDOR CODE
ADDITIONAL STREET ADDRESS	AMOUNT TO BE PAID
CITY, STATE, ZIP CODE	A/P USE ONLY (DUE DATE, PAYMENT METHOD SUPPLEMENT)

PAYMENT DESCRIPTION	A/P USE ONLY

G / L ACCT	FUND	COST CENTER	FUNC AREA	GRANT			
INTERNAL ORDER	WBS ELEMENT	EARMARKED FUNDS	LN #	ASSET	BUSINESS AREA	AMOUNT	(A/P USE)
G / L ACCT	FUND	COST CENTER	FUNC AREA	GRANT			
INTERNAL ORDER	WBS ELEMENT	EARMARKED FUNDS	LN #	ASSET	BUSINESS AREA	AMOUNT	(A/P USE)

SUBMITTED BY (PRINT NAME AND THEN SIGN)	DATE	ORGANIZATIONAL UNIT	ORG. UNIT PHONE #	ORGN. UNIT MAIL LOC.
APPROVED BY (PRINT NAME AND THEN SIGN)	DATE	APPROVED BY VICE PREDIDENT (PRINT NAME AND THEN SIGN)		DATE

FORM A-114 REV 03/08