



Rochester, Michigan 48309

OAKLAND UNIVERSITY RECURRING PAYMENT VOUCHER

IA

INITIAL REQUEST

REVISION

VENDOR/PAYEE INFORMATION	VENDOR NUMBER	TYPE/SEQ
NAME: _____		PT/
ADDRESS: _____	DATE	LEASE/CONTRACT NO.

_____	P. O. NUMBER(1)	

RECURRING PAYMENT INFORMATION	ACCOUNT DISTRIBUTION (2)		
FREQUENCY OF PAYMENTS: _____ Monthly _____ Semi-Annual (check one) _____ Quarterly _____ Bi-Weekly _____ Annually _____ Weekly DATE NEXT PAYMENT DUE: _____ NO. OF PAYMENTS REMAINING: _____	Fund Code	Account Code	Debit Amount
			\$

PURPOSE OF PAYMENT (For leases include make, model and serial number)	AMOUNT
	\$

Instructions:

1. One purchase order per Recurring Payment Voucher, if applicable.
2. Sum of Distribution Amounts must agree to Amount.
3. Prepare in duplicate.
4. Send original and one remittance copy to Accounts Payable.
5. Department should retain a copy for its records.
6. Original of vendor lease contract or other supporting documents must be attached.

I HEREBY CERTIFY that services for which reimbursement is claimed have been performed, and/ or that items listed have been received, the amounts are correct, and are hereby approved for payment.

 Signature of department head or authorized representative Date

 Name and e-mail address of document preparer Department Name

Audited		Payment Due Date
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VENDOR/PAYEE INFORMATION		VENDOR NUMBER	TYPE/SEQ						
NAME: _____			PT/						
ADDRESS: _____		DATE	LEASE/CONTRACT NO.						

_____		P. O. NUMBER(1),							
RECURRING PAYMENT INFORMATION		ACCOUNT DISTRIBUTION (2)							
FREQUENCY OF PAYMENTS: (check one) <table style="display: inline-table; vertical-align: middle; margin-left: 20px;"> <tr> <td><input type="checkbox"/> Monthly</td> <td><input type="checkbox"/> Semi-Annual</td> </tr> <tr> <td><input type="checkbox"/> Quarterly</td> <td><input type="checkbox"/> Bi-Weekly</td> </tr> <tr> <td><input type="checkbox"/> Annually</td> <td><input type="checkbox"/> Weekly</td> </tr> </table>	<input type="checkbox"/> Monthly	<input type="checkbox"/> Semi-Annual	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Bi-Weekly	<input type="checkbox"/> Annually	<input type="checkbox"/> Weekly	Fund Code	Account Code	Debit Amount
	<input type="checkbox"/> Monthly	<input type="checkbox"/> Semi-Annual							
	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Bi-Weekly							
	<input type="checkbox"/> Annually	<input type="checkbox"/> Weekly							
DATE FIRST PAYMENT DUE: _____			\$						
NUMBER OF PAYMENTS: _____									
PURPOSE OF PAYMENT (For leases include make, model and serial number)			AMOUNT						
COPY			\$						
Instructions: <ol style="list-style-type: none"> 1. One purchase order per Recurring Payment Voucher, if applicable. 2. Sum of Distribution Amounts must agree to Amount. 3. Prepare in duplicate. 4. Send original and one remittance copy to Accounts Payable. 5. Department should retain a copy for its records. 6. Original of vendor lease contract or other supporting documents must be attached. 									

Name and e-mail address of document preparer

Department Name

Audited		Payment Due Date
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