

OAKLAND UNIVERSITY RECURRING PAYMENT VOUCHER

ΙA			

Rochester, Michigan 48309

			INITIAL REQUE	ST		REVISION		
	VEN		INFORMATION	1		VENDOR N	IIIMREP	TYPE/SEQ
	VLI	IDON/FATEL	INI OKWATION			VENDOR	TOWIDEN	<u> </u>
NAME:								PT/
ADDRESS:						DATE	LEASE/C	ONTRACT NO.
						P. O. NUMBER(1)		
	RECUR	RING PAYME	ENT INFORMATI	ION		ACCOUNT DISTRIBUTION (2)		
		PAYMENTS:			Semi-Annual	Fund Code	Account Code	Debit Amount
(check one)		Quarterly Annually		Bi-Weekly Weekly			\$	
DAT	E NEXT PAY	MENT DUE:						
NO. OF P	PAYMENTS F	REMAINING:						
P	PURPOSE OI	PAYMENT (For leases inclu	ude make	, model and	serial number)	AMOUNT
								\$
Instructions:			r Recurring Paymentounts must agree to		if applicable.			
	4. Send o	e in duplicate. riginal and one i	remittance copy to A	Accounts P	ayable.			
	DepartiOrigina	ment should reta I of vendor leas	ain a copy for its rec e contract or other s	cords. supporting	documents mu	ıst be attached.		
I HEREI	BY CERTIFY t	hat services for	which reimburser	ment is clai	imed have bee	en performed, and	d/ or that	
			mounts are correc				a, or that	
	Signature	of departmen	t head or authoriz	zed repres	sentative	Date		
	Name	and e-mail a	ddress of docur	ment pre	parer	Depar	tment Name	
Audited							Payment Du	e Date



Audited

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VENDOR/PAYEE INFORMATION	VENDOR NUMBER		TYPE/SEQ		
NAME:			PT/		
ADDRESS:	DATE	LEASE/C	ONTRACT NO.		
	P. O. NUM	BER(1),			
RECURRING PAYMENT INFORMATION ACCOUNT DISTRIB					
FREQUENCY OF PAYMENTS: Monthly Semi-Annual (check one) Quarterly Arnually Weekly NUMBER OF PAYMENTS:	Fund Code	Account	Debit Amount		
PURPOSE OF PAYMENT (For leases include make, model and	l sorial number		AMOUNT		
1 ON OOL OF FATMENT (FOI leases include make, moder and		<u>'</u>	\$		
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.				
Name and e-mail address of document preparer	Donor	tment Name			

293Recvoucher 09/13/02

Payment Due Date