JOURNAL VOUCHER REQUEST FORM PAYABLES ADMINISTRATION				
MAIL TO:	JV PROCESSING PAYABLES ADMINISTRATION BOX 351120	REQUESTED BY		
	rovide the following informa D LOCAL BUDGETS ONLY	tion:		
Budget Ori	ginally charged:			
Expenditur	e/Revenue Description(s):			
Expenditure/Revenue Code(s)		l		
Date Posted on BAR				
Req #'s/CTI's/ISD's				
Reference Number/UW Tag Numbers *				
Transaction Amount(s)				
*	PAYABLES ADMINISTRATION WILL NOT P	ROCESS JV REQUEST WITHO	OUT UW TAG # FOR EG	UIPMENT
	BUDGET NUMBER EXP/REV COD	F AI	UTHORIZED SIGNATURE	
DEBIT				
CREDIT				
EXPLANATION	. L L] [
Please retai	n a copy for reconciliation	JV NUMBER	JV DATE	BAR MONTH
purposes. JV copy will not be mailed.				