

# ROSE HULMAN INSTITUTE OF TECHNOLOGY

## INVOICE TRANSMITTAL / CHECK REQUEST FORM

3/21/2017

**VENDOR NAME & REMIT TO ADDRESS:**

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1099 Information  
SSN or FIN \_\_\_\_\_

### CHECK ROUTING INSTRUCTIONS

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MAIL CHECK TO VENDOR

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ALSO MAIL ENCLOSED DOCUMENT WITH CHECK

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FORWARD CHECK TO CAMPUS  
MAILBOX # \_\_\_\_\_

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HOLD/CALL FOR PICK UP - EXT # \_\_\_\_\_

### ACCOUNTING INFORMATION ( Shaded column information is optional)

INVOICE DATE	INVOICE NUMBER	FUND	ORGN	ACCT	PRGM	ACTV	AMOUNT
TOTAL NOT TO EXCEED \$ 2,499.99 (excluding freight) UNLESS FOR EXEMPT COMMODITIES OR SERVICES					DOCUMENT TOTAL		

**DESCRIPTION FOR INVOICE:**

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*Please forward completed form and  
appropriate documents to  
Accounts Payable, CM23*

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

REQUESTED BY: \_\_\_\_\_ DEPARTMENT \_\_\_\_\_

APPROVED BY: \_\_\_\_\_ DATE APPROVED \_\_\_\_\_

APPROVED BY: \_\_\_\_\_ DATE APPROVED \_\_\_\_\_