

# ROSE HULMAN INSTITUTE OF TECHNOLOGY

## INVOICE TRANSMITTAL / CHECK REQUEST FORM

3/20/2017

**VENDOR NAME & REMIT TO ADDRESS:**

Ryan Vicencio

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

☒

FORWARD CHECK TO CAMPUS  
MAILBOX #

613

☐

HOLD/CALL FOR PICK UP - EXT #

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

INVOICE DATE	INVOICE NUMBER	FUND	ORGN	ACCT	PRGM	ACTV	AMOUNT
2/20/2017		86097		9610			\$ 41.89
TOTAL NOT TO EXCEED \$ 499.99 (excluding freight) UNLESS FOR EXEMPT COMMODITIES OR SERVICES					<b>DOCUMENT TOTAL</b>		<b>41.89</b>

**DESCRIPTION FOR INVOICE:**

BSB2 Greatest Floor Snacks

Floor Money

*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: Jason Marvin

DEPARTMENT

**RHA**

APPROVED BY:

DATE APPROVED

APPROVED BY:

DATE APPROVED