

ROSE HULMAN INSTITUTE OF TECHNOLOGY

INVOICE TRANSMITTAL / CHECK REQUEST FORM

VENDOR NAME & REMIT TO ADDRESS:

 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:

*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 _____