

REQUEST FOR PAYMENT

A114

SEE REVERSE SIDE FOR INSTRUCTIONS

PAYEE'S NAME SAANNIDHYA RAWAT	PAYEE'S SOCIAL SECURITY NUMBER / M-NUMBER M12517509
PAYEE'S MAILING ADDRESS 518 RIDDLE RD APT 4	PAYEE'S UC FLEX VENDOR CODE
ADDITIONAL STREET ADDRESS	AMOUNT TO BE PAID \$300
CITY, STATE, ZIP CODE CINCINNATI, OH 45220	A/P USE ONLY (DUE DATE, PAYMENT METHOD SUPPLEMENT)

PAYMENT DESCRIPTION Payment for Google Maps API wage for research project with Dr. David Brasington	A/P USE ONLY
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G/L ACCT	FUND	COST CENTER	FUNC AREA	GRANT
	NLOS FUND			
INTERNAL ORDER	WBS ELEMENT	EARMARKED FUNDS	LN #	ASSET
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INTERNAL ORDER	WBS ELEMENT	EARMARKED FUNDS	LN #	ASSET

SUBMITTED BY (PRINT NAME AND THEN SIGN) SAANNIDHYA RAWAT <i>S. Rawat</i>	DATE 02/20/2025	ORGANIZATIONAL UNIT ECONOMICS DEPT	ORG. UNIT PHONE #	ORGN. UNIT MAIL LOC.
APPROVED BY (PRINT NAME AND THEN SIGN)	DATE	APPROVED BY VICE PRESIDENT (PRINT NAME AND THEN SIGN)	DATE	