



INVOICE/MISCELLANEOUS (NON-MEAL) SUBMITTAL FORM

Please email to ESOPFINANCE@UNC.EDU

PLEASE CHOOSE A PAYMENT TYPE: Payment to Vendor Reimbursement to Employee/Student/Affiliate

Vendor/Employee Name: _____ Total Payment: _____

PLEASE IDENTIFY THE CHARTFIELD STRING

<u>PS Dept</u>	<u>PS Fund</u>	<u>PS Source</u>	<u>PS Program</u>	<u>PS Project</u>	<u>PS Cost Code 1</u>	<u>PS Cost Code 2</u>

(Attach invoice/receipt to separate page)

Please provide, briefly, the purpose of the attached invoice/receipt and any other pertinent information below:

Signature: _____
(For approval of payment)

Date: _____

For Business Office Use Only:

Date Received: _____ Initials: _____