

THE UNIVERSITY of NORTH CAROLINA at CHAPEL HILL

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INVOICE/MISCELLANEOUS (NON-MEAL) SUBMITTAL FORM

Please email to ESOPFINANCE@UNC.EDU

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

Vendor/Employee Name: ______ Total Payment: ______

PLEASE IDENTIFY THE CHARTFIELD STRING

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

(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: _____