



**INVOICE/MISCELLANEOUS (NON-MEAL) SUBMITTAL FORM**

Please email to [ESOPFINANCE@UNC.EDU](mailto:ESOPFINANCE@UNC.EDU)

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

Vendor/Employee Name: \_\_\_\_\_ Total Payment: \_\_\_\_\_

**PLEASE LIST THE CHARTFIELD STRING(S) TO BE USED FOR THIS PAYMENT**

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

*(Attach invoice/receipt to separate page)*

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

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

*(For approval of payment)*

For Business Office Use Only:

Date Received: \_\_\_\_\_ Initials: \_\_\_\_\_