Complete this form in one of two ways:
1. Complete the form online. Print and sign it. Submit it following the instructions on the form.
OR
2. Print the form. Enter your information. Sign it. Submit it following the instructions on the form.
Name of Organization: ____________________________________________

**Vendor/Payee Information**

Payee ID Number: ____________________________________________

- ○ Student UIN: ____________________________________________
- ○ Vendor Banner #: ____________________________________________ Vendor FEIN: __________________________

Make check payable to:

- Last Name, First Name OR Company Name: ____________________________________________

Address: ____________________________________________

City: ____________________________ State: _____ ZIP: ______

Payment Method:

- ○ U of I students, faculty, staff - ACH Direct deposit as on file in Banner.

   If the payee does not have Direct Deposit set up in Banner, select one:

   - ○ Mail check to payee.
   - □ Yes, include copy of invoice/payment voucher.
   - ○ When check is ready for pickup at Cashier, call ____________________________ at __________

**Invoice Information**

<table>
<thead>
<tr>
<th>Invoice or Transaction Date</th>
<th>Invoice/Doc #</th>
<th>Description/Reason for Payment</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
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<td>Attach receipts, invoices, or supporting documents</td>
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</table>

Total ____________________________

**FOAP**

<table>
<thead>
<tr>
<th>Chart</th>
<th>Fund</th>
<th>Organization</th>
<th>Account</th>
<th>Program</th>
<th>Amount</th>
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</thead>
<tbody>
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<td>199000</td>
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</tbody>
</table>

**Organization/University Approvals**

Items on this voucher are appropriate to the organization's purpose and comply with the Organization's Fund Policies and Procedures.

Organization Financial Officer (Treasurer/President) ____________________________

Secretary of the Fund ____________________________

**Voucher Bookkeeping**

- Previous balance brought forward ____________________________
- SUBTRACT total automatic University payments ____________________________
- Subtotal ____________________________
- ADD total deposits made since previous voucher ____________________________
- New amount available to spend ____________________________
- SUBTRACT AMOUNT OF THIS VOUCHER ____________________________
- Amount available after check issued for this voucher ____________________________
  (Carry this balance forward to the next voucher)

**Submit this form to:**

Chicago Campus
Office of Campus Programs
Student Center East
Room 340 MC118
750 S. Halsted
Chicago, IL 60607-7012

Urban-Champaign Campus
Office of Registered Organizations
284 Illini Union
1401 W. Green St.
Urbana, IL 61801