



CHECK REQUEST VOUCHER UNIVERSITY OF DALLAS

1845 East Northgate Drive
Irving, TX 75062-4799

Org. Name: _____

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Fund	Organization	Account	Activity *	Amount	Inv #	Invoice Date	PO #	
							P	
							P	
							P	
							P	
							P	
							P	
							P	
							P	
							P	
							P	
							P	



Purpose/Benefit to UD

Vendor		W-9 Attached **
Address		Disposition of Check

* Activity Code is optional as it is used by only certain departments. ** Completed W-9 from new vendors must be attached before CRV can be processed.

Payment request must be supported with original invoice(s). When payment for goods is required, please attach proof of receipt.

Prepared by:	Budget Supervisor (Required):	Date
Signature	Signature	
Printed Name	Printed Name	

Budget Supervisor's Certification: I certify that the information provided on this request is accurate and reflects only expenses incurred in accordance with the policies of the University of Dallas.

Frequently Used Accounts					
71101	Contracted Professional Services	71501	Hospitality	72702	Staff Professional Licenses/Dues
71103	Contracted Software Licenses	71601	Advertising	72703	Conferences/Professional Development
71201	Supplies	71802	Rental	72704	Publications/Subscriptions
71409	Travel - Transportation	71901	Printing & Publication	73101	Equipment - Non-Capital
71411	Travel - Meals	72701	University Memberships/Dues	73502	Student Programming & Entertainment

Business Office Use Only

Task	Initials	Date
Pay Date Assigned by:		
Vendor # Assigned by:		
Audited By:		
Fund/Org/Acct reviewed by (if applicable):		
Keyed by:		
Approved by:		

Pay Date:

Banner Invoice #:

Vendor #: