

Vendor Number: _____ Vendor Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Vendor Invoice Number: _____ Invoice Date: _____

\$ Amount: _____ OSU Check Number: _____

Banner PO Number: _____ Banner Document Number: I _____

Requesting a Copy of a Canceled Check (*front and back*):

Requesting a Copy of Original Invoice/Payment Document(s):

Please Forward Copies to: _____

Department Address: _____ Telephone: [____] [____] [____]

Remarks:

Accounts Payable

Final process from Accounts Payable.
 Mailed back to Department
 Faxed: Vendor Department FAX # _____
 Emailed: Email Address _____

Date Sent: _____

Handled By: _____

Phone Number: _____