



# JOURNAL VOUCHER REQUEST FORM

PAYABLES ADMINISTRATION

|  |              |
|--|--------------|
| <b>Mail to:</b><br><b>JV Processing</b><br><b>Payables Administration</b><br><b>Box 351120</b> | REQUESTED BY |
|  | DEPT/BOX #   |
|  | PHONE        |
|  | DATE         |

*Please provide the following information:*

Budget originally charged (State and Local Budgets only)

Expenditure Description

Exp/Rev Codes(s)

Date posted on BAR

Req#s/CTIs/ISDs

Reference number/UW tag Numbers\*

\*Payables Administration will not process JV Request without UW tag # for equipment.

Transaction Amount(s) \$

| BUDGET NUMBER                  | EXP/REV CODE     | AUTHORIZED SIGNATURE |
|--------------------------------|------------------|----------------------|
| <b>DEBIT</b> (entry required)  | (entry required) |                      |
| <b>CREDIT</b> (entry required) | (entry required) |                      |

Explanation

### FOR DEPT BAR/BSR RECONCILIATION AFTER JV HAS BEEN PROCESSED

Please retain a copy for reconciliation purposes. JV copy will not be mailed.

|                      |                      |                      |
|----------------------|----------------------|----------------------|
| JV NUMBER            | JV DATE              | BAR MONTH            |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |