

The authorized individual certifies that the above charges were necessary and proper. The amounts claimed are correct and have not been paid.

NEW MEXICO HIGHLANDS UNIVERSITY

Box 9000

Las Vegas, New Mexico 87701-9000

CR#

CHECK REQUEST

Date:

PAYEE CODE(S)	
	\$
	\$

AP VENDOR NUMBER	
01	

EIN/SSN/BANNER ID:

PAYEE:

DELIVERY:

ADDRESS:

PAYEE IS AN NMHU EMPLOYEE NMHU STUDENT 1099 VENDOR

IF ANY OF THE BOXES ABOVE ARE CHECKED, YOU MUST PROVIDE A SSN/EIN/BANNER ID

	FUND	ORGANIZATION	ACCOUNT	PROGRAM	%	\$
ACCOUNT 1						
ACCOUNT 2						
ACCOUNT 3						
ACCOUNT 4						

INVOICE DATE	INVOICE NUMBER	TRANSACTION NUMBER AND DESCRIPTION	AMOUNT

The authorized individual certifies that the above charges were necessary and proper. The amounts claimed are correct and have not been paid.

TOTAL AMOUNT OF CHARGE AUTHORIZED ON THIS REQUEST ➔ \$

AUTHORIZED DEPT. SIGNATURE TITLE
SIGNATURE NAME (TYPED)

BOOKHOLDER PHONE/DATE
CAMPUS MAILING ADDRESS

CONTROLLER'S USE ONLY	
APPROVAL	DATE
ACCOUNTS PAYABLE USE ONLY	
APPROVAL	DATE

SPECIAL INSTRUCTIONS FOR ACCOUNTS PAYABLE

PURCH: