

Contact Info (for UFF-PA) : _____

Processing Dept: _____

Posting log: _____

FORM INFORMATION

LAS staff member:	Date:
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EXPENSE REPORT

ER/TA IDs:	Date:
LAS ChartField charged:	Amount: \$
Traveler:	UFID:
Business Purpose:	UFF-PA request
Travel details:	
Fund benefit:	

JOURNAL ENTRY

Journal ID:	Date:
LAS ChartField charged:	Amount: \$
Dept/Vendor:	Item/Service:
Pcard holder/Traveler:	Cost Transfer Form request
Reason for the charge:	
Original charge details:	
Fund benefit:	

P-CARD CHARGE

Voucher ID:	Date:
LAS ChartField charged:	Amount: \$
Pcard holder:	UFID:
Vendor name:	Item purchased:
Item description:	UFF-PA request
Fund benefit:	

VENDOR PAYMENT

Voucher ID:	Date:
LAS ChartField charged:	Amount: \$
Vendor name:	Item purchased:
Item description:	UFF-PA request
Fund benefit:	