



Rochester, Michigan 48309

OAKLAND UNIVERSITY RECURRING PAYMENT VOUCHER

IA

_____ INITIAL REQUEST _____ REVISION

| | | | |
|---------------------------------|----------------------|--------------------|-----------------|
| VENDOR/PAYEE INFORMATION | VENDOR NUMBER | | TYPE/SEQ |
| | NAME: _____ | | PT/ |
| | DATE | LEASE/CONTRACT NO. | |
| | ADDRESS: _____ | | |
| | P. O. NUMBER(1) | | |

| | | | |
|---|---------------------------------|---------------------|---------------------|
| RECURRING PAYMENT INFORMATION | ACCOUNT DISTRIBUTION (2) | | |
| FREQUENCY OF PAYMENTS: _____ Monthly _____ Semi-Annual (check one) _____ Quarterly _____ Bi-Weekly _____ Annually _____ Weekly DATE NEXT PAYMENT DUE: _____ NO. OF PAYMENTS REMAINING: _____ | Fund Code | Account Code | Debit Amount |
| | | | \$ |
| | | | |
| | | | |
| | | | |

| | |
|--|---------------|
| PURPOSE OF PAYMENT (For leases include make, model and serial number) | AMOUNT |
| | \$ |

Instructions:

1. One purchase order per Recurring Payment Voucher, if applicable.
2. Sum of Distribution Amounts must agree to Amount.
3. Prepare in duplicate.
4. Send original and one remittance copy to Accounts Payable.
5. Department should retain a copy for its records.
6. Original of vendor lease contract or other supporting documents must be attached.

I HEREBY CERTIFY that services for which reimbursement is claimed have been performed, and/ or that items listed have been received, the amounts are correct, and are hereby approved for payment.

Signature of department head or authorized representative Date

Name and e-mail address of document preparer Department Name

| | | |
|----------------|--|-------------------------|
| Audited | | Payment Due Date |
|----------------|--|-------------------------|



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|--|------------------------------------|--------------------------------------|------------------------------------|------------------------------------|-----------------------------------|---------------------------------|------------------|---------------------|---------------------|
| VENDOR/PAYEE INFORMATION | | VENDOR NUMBER | TYPE/SEQ | | | | | | |
| NAME: _____ | | | PT/ | | | | | | |
| ADDRESS: _____ | | DATE | LEASE/CONTRACT NO. | | | | | | |
| _____ | | | | | | | | | |
| _____ | | P. O. NUMBER(1), | | | | | | | |
| RECURRING PAYMENT INFORMATION | | ACCOUNT DISTRIBUTION (2) | | | | | | | |
| FREQUENCY OF PAYMENTS: (check one) <table style="display: inline-table; vertical-align: middle; margin-left: 20px;"> <tr> <td><input type="checkbox"/> Monthly</td> <td><input type="checkbox"/> Semi-Annual</td> </tr> <tr> <td><input type="checkbox"/> Quarterly</td> <td><input type="checkbox"/> Bi-Weekly</td> </tr> <tr> <td><input type="checkbox"/> Annually</td> <td><input type="checkbox"/> Weekly</td> </tr> </table> | <input type="checkbox"/> Monthly | <input type="checkbox"/> Semi-Annual | <input type="checkbox"/> Quarterly | <input type="checkbox"/> Bi-Weekly | <input type="checkbox"/> Annually | <input type="checkbox"/> Weekly | Fund Code | Account Code | Debit Amount |
| | <input type="checkbox"/> Monthly | <input type="checkbox"/> Semi-Annual | | | | | | | |
| | <input type="checkbox"/> Quarterly | <input type="checkbox"/> Bi-Weekly | | | | | | | |
| | <input type="checkbox"/> Annually | <input type="checkbox"/> Weekly | | | | | | | |
| | | | \$ | | | | | | |
| DATE FIRST PAYMENT DUE: _____ | | | | | | | | | |
| NUMBER OF PAYMENTS: _____ | | | | | | | | | |
| PURPOSE OF PAYMENT (For leases include make, model and serial number) | | | AMOUNT | | | | | | |
| COPY | | | \$ | | | | | | |
| Instructions: <ol style="list-style-type: none"> 1. One purchase order per Recurring Payment Voucher, if applicable. 2. Sum of Distribution Amounts must agree to Amount. 3. Prepare in duplicate. 4. Send original and one remittance copy to Accounts Payable. 5. Department should retain a copy for its records. 6. Original of vendor lease contract or other supporting documents must be attached. | | | | | | | | | |

Name and e-mail address of document preparer

Department Name

| | | |
|----------------|--|-------------------------|
| Audited | | Payment Due Date |
|----------------|--|-------------------------|