

NON-PO VOUCHER REQUEST

DATE		PAYEE INFORMATION	
		Check Payable To	
		Address	
		Address 2	
		Phone	
		SS# or EDI#	
PROCESSING INFORMATION			
Requested By			
Room #/ Ext			
Check Handling			
Amount			

DETAILED DESCRIPTION/PURPOSE OF EXPENSE

BENEFIT TO UTH-HSC

OFFICIAL FUNCTION INFORMATION		
DATE & LOCATION:		
TOPICS DISCUSSED:		
ATTENDED BY: (If less than 10, identify individuals- If more than 10, identify group)		
NAMES	TITLES	AFFILIATION

ACCOUNTING INFORMATION			
Fund:		Account Code:	
Project:		Class:	
Program:		Department #:	
		Division Approval:	
Amount::		Department Approval:	