LOUISIANA STATE UNIVERSITY

Louisiana State University
Office of Accounting Services
Accounts Payable & Travel
217 Thomas Boyd Hall

SPECIAL HANDLING PAYMENT REQUEST AS209

Request Date _____ Separate Check Y

Department		
Contact		
Phone	Fax	E-mail

Supplier	
Amount	Expenditure Date

Check all that apply:

☐ The attached payment request needs **PRIORITY HANDLING** for payment by _____.
Date

Otherwise, the payment request will be processed within 10 business days in the order in which it was received by the Accounts Payable & Travel Office.

Justification: (Required) _____

_____

☐ **NOTIFY DEPARTMENT** when check is ready (for contracts held in department, local registration fees, permits, etc.).

Contact Name _____ Phone _____

Justification: (Required) _____

_____

☐ An **ENCLOSURE** is attached that should be mailed with the check (Ex. AS116 and order form, subscription).

Note: No enclosure should be submitted to the Accounts Payable & Travel Office if the supplier is paid electronically. The department must send the required enclosure directly to the supplier under a separate cover (i.e., scan).

Authorized by

_____ _____ _____
Department Head Printed Name Date

FOR ACCOUNTING SERVICES USE ONLY

_____ _____
Approved by Date