## UNIVERSITY OF WISCONSIN MEDICAL FOUNDATION DEPARTMENT OF MEDICINE ACCOUNTS PAYABLE REQUEST

Payee:			
	(DO NOT use abbreviations - submit separate re	equest for each invoice)	
	for direct payment, attach complete invoice or ord	der form not just the remittance not	ice
	for reimbursement, attach proof of the expense a	-	
	if a credit card receipt is used as proof of paymen		•
	in a credit card receipt is used as proof of paymen	it, it must include a detailed receipt	
Division:			
	(division is the same as program, section, special	lty)	
COMPLETE	E ALL SECTIONS LISTED BELOW		
Section 1	MISSION		
	Teaching	Research	General Administration
	*Unless noted all expenses will be coded to Clinic		
	*More than one MISSION can be selected - pleas	se provide percent split	
select one:			
	division expense		
	division employee expense for:		
	_ physician professional allotment for:		
	mid-level professional allotment for:		
	other:		
	R&D:		
Section 2 select one:	ACCOUNT		
	_ CME: include pre-approved travel form, conferen	nce brochure, and if applicable trav	el reimbursement form
	license	•	
	dues: timeframe:		
	_ subscription:		
	_ book: title		
	mileage reimbursement: location	round trip mileage	 _ date
	faculty recruitment: name		
	resident/fellow recruitment: name		
	_ meetings: include agenda/purpose and if food is	involved include list of attendees	
	_ staff relations: if food include list of attendees; if	party/reception include Sheri Lawre	ence's approval
Section 3			
amount:	\$		
Section 4			
	the expenses claimed on this form are true busines		ed
accordingly,	and will not be paid from another source. Signature	e required for reimbursement	
(cianatura c	f person requesting payment or reimbursement)	(data)	
(Signature of	r person requesting payment or reimbursement)	(date)	
	(authorizing signature)	(date)	
ACCOUNTI	NG USE ONLY		
Vendor#	Location	Voucher #	
class -	operating unit - dept - program - accou	nt - fund - product	