

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

SPECIAL HANDL	ING PAY	MENT REQUEST	AS209
Request Date			Separate Check <u>Y</u>
Department			
Contact			
Phone	Fax	E-mail	
Supplier			
Amount		Expenditure Date	
Check all that apply:			
☐ The attached paym	nent reques	t needs <b>PRIORITY HANDLING</b> for payment b	у
Otherwise, the pay by the Accounts Pa		st will be processed within 10 business days in avel Office.	Date n the order in which it was received
Justification:	: (Required)		
NOTIFY DEPARTI	MENT whe	n check is ready (for contracts held in departm	ent, local registration fees, permits,
Contact Nam	e	Phone	<del></del>
Justification:	: (Required		
An ENCLOSURE i	s attached	that should be mailed with the check (Ex. AS1	16 and order form, subscription).
		e submitted to the Accounts Payable & Travel Offic quired enclosure directly to the supplier under a se	
Authorized by			
Department Head		Printed Name	Date
		FOR ACCOUNTING SERVICES USE ONL	Y
Approved by		 Date	