Event Name (if applicable): _____

Date of Payment: _____   Cash Value of Payment: _____

Description of Payment: _____

_____

Sponsoring Dept: _____   Contact Phone: _____

Contact Name: _____   Contact Email: _____

Is the recipient a UA employee (including student employee)? Ñ No, route form to Accounts Payable Ñ Yes, notify Payroll of payment

Recipient to Complete This Section

Legal Name: