

THE UNIVERSITY OF MAINE

MULTIPLE PAYMENT CHECK REQUEST

Requester: _____

Date: _____

Dept: _____

Address: _____

Approved by: _____

Signature

Phone: _____

Printed Name

When using this form, only **ONE** ChartField Combination can be used.

*Unit	*Dept ID	*Account	Class	*Fund	Program	Project
UMS05						

Description of Expenditure: (Please include date of service, if applicable)	
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<p>Name: _____ <u>Vendor #</u></p> <p>Address: _____</p> <p>SSN: _____ \$</p>	<p>Name: _____ <u>Vendor #</u></p> <p>Address: _____</p> <p>SSN: _____ \$</p>
<p>Name: _____ <u>Vendor #</u></p> <p>Address: _____</p> <p>SSN: _____ \$</p>	<p>Name: _____ <u>Vendor #</u></p> <p>Address: _____</p> <p>SSN: _____ \$</p>
<p>Name: _____ <u>Vendor #</u></p> <p>Address: _____</p> <p>SSN: _____ \$</p>	<p>Name: _____ <u>Vendor #</u></p> <p>Address: _____</p> <p>SSN: _____ \$</p>
<p>Name: _____ <u>Vendor #</u></p> <p>Address: _____</p> <p>SSN: _____ \$</p>	<p>Name: _____ <u>Vendor #</u></p> <p>Address: _____</p> <p>SSN: _____ \$</p>
<p>Name: _____ <u>Vendor #</u></p> <p>Address: _____</p> <p>SSN: _____ \$</p>	<p>Name: _____ <u>Vendor #</u></p> <p>Address: _____</p> <p>SSN: _____ \$</p>

Sheet Total: _____