Tulane

Request for Payment Continuation Form

Form Instructions

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VENDOR NUMBER

VOUCHER NUMBER	INVOICE DATE	INVOICE NUMBER	INVOICE OR CHECK AMT	GL ACCT	NAT ACCT	DEPT USE	PROJECT	TASK	AWARD	EXP TYPE	EXP ORG	EXP DATE	DUE DATE	PA	HOLD	PAY GRP	1099

DESCRIPTION: