

Date: \_\_\_\_\_

Department Contact Person: \_\_\_\_\_ Phone: (    )    - \_\_\_\_\_

Email Address: \_\_\_\_\_

Purchase Order #: \_\_\_\_\_ Vendor Name: \_\_\_\_\_

**AMOUNT TO BE LIQUIDATED**

\$ \_\_\_\_\_

*Check if purchase order was already invoiced*

*(Required only if paid as direct pay or wire transfer)*

Banner Invoice/Document Code #: \_\_\_\_\_

**REASON FOR THE LIQUIDATION**

\_\_\_\_\_  
Department Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

**FOR PROCUREMENT SERVICES USE ONLY**

Date Completed:

Prepared by:

Document number (\*):

COMMENTS: