

UNLV

University of Nevada, Las Vegas

2PVE

PAYMENT VOUCHER

2PVE

Vendor Code: _____

Check if Pre-Entered: Initial _____

Vendor Name: _____

Date Prepared: _____

Addr1: _____

Prepared by: _____

Addr2: _____

Telephone #: _____

Addr3: _____

Department: _____

Need Check by: _____ (Optional)

Mail Sort Code: _____

Check Disposition: Mail to Above Call Department for Pickup

Instructions:

This form must be typed (otherwise, you may order Pre-printed PV's).
Use your pre-assigned PV number (contact Accounts Payable).
Verify that a valid vendor code is used (FIMS).
Attach the original supporting documentation to this completed form.

Do not submit a PV for existing purchase orders (contact Accounts Payable).
Complete the "Document Text" field when an explanation is warranted.
Obtain the required signatures for each transaction type.
Attach additional pages if necessary (maximum 26 accounting lines on one PV).
Keep a copy for your records.

Document Text:

Complete for Hosting:

Business Purpose (benefit to UNLV):

Attendees and Affiliation to UNLV:

Date:
Location:

Amount:

(Use the proper Host SOBJ for this purpose)

(Identify group hosted for seven or more attendees)

01	FUND (4)	AGENCY (3)	ORGN (4)	SUB-ORG (2)	OBJECT (2)	SUB-OBJECT (2)	REVENUE (2)	SUB-REV (2)	JOB NUMBER (8)
	CUSTOMER #/ DESCRIPTION (45)					VENDOR INVOICE # (11)		AMOUNT	
02									
03									
04									
05									
06									

Document Total:

_____ Approved	_____ Date	_____ Approved	_____ Date	_____ Approved	_____ Date
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Distribution: Original-Accounts Payable-1053; Copy-Department

Printed Approval Name

Printed Approval Name

Printed Approval Name