



1. CREDITOR BUSINESS UNIT:

a. PLEASE COMPLETE THE FOLLOWING SECTIONS:
FROM (CREDITOR BUSINESS UNIT), **TO** (DEBTOR BUSINESS UNIT) **DESCRIPTION** (BOTTOM PORTION OF PAGE).

b. REMOVE AND RETAIN PART 3 FROM THE SET.
c. SEND BALANCE OF SET (PARTS 1 & 2) INTACT TO THE DEBTOR BUSINESS UNIT.
d. CREATE AN OPEN RECEIVABLE IN CORE-CT AR

2. CREDITOR BUSINESS UNIT:

a. VERIFY CORE-CT PAYMENT MATCH.
b. FILE AND RETAIN PART 1 COPY.

FROM - CREDITOR BUSINESS UNIT	(1) INVOICE NUMBER
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(2) FROM (REFER TO VENDOR FILE) **UCONN Health (UHCM1)**
Dept. of _____
263 Farmington Ave.
Farmington CT, 06030 -

TO - DEBTOR BUSINESS UNIT	
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(3) TO (REFER TO VENDOR FILE)

CHARTFIELD - COMPLETED BY DEBTOR DEPARTMENT												
(4) AMOUNT	(5) QTY	(6) GL UNIT	(7) BUDGET DATE	(8) FUND	(9) DEPT	(10) SID	(11) PROGRAM	(12) ACCOUNT	(13) PROJECT/ GRANT	(14) CHARTFIELD 1	(15) CHARTFIELD 2	(16) BUDGET REFERENCE
		STATE										
		STATE										
		STATE										

(17) PREPARED BY	(18) TELEPHONE NO.	(19) DATE
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DEBTOR BUSINESS UNIT ACCEPTANCE

THE ABOVE DETAILED SERVICES AND / OR COMMODITIES HAVE BEEN PERFORMED AND / OR RECEIVED, AND ARE ACCEPTED AS A CHARGE AGAINST THE APPROPRIATION INDICATED. FUNDS HAVE BEEN ENCUMBERED FOR THE CHARGE.

(20) AUTHORIZED DEPARTMENT SIGNATURE	(21) TITLE	(22) DATE
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TO BE COMPLETED BY CREDITOR BUSINESS UNIT

(23) DATE	(24) DESCRIPTION	(25) QUANTITY	(26) UNIT PRICE	(27) AMOUNT
TOTAL				

BANNER FOAPAL INFORMATION

FUND	ORG	PRG	ACCNT	AMOUNT

(28) PREPARED BY	(29) TELEPHONE NO.	(30) DATE
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