

The recurring supplier invoice payment process takes place for a minimum of six monthly payments. Recurring checks are printed monthly and are available for mailing during the last week of the month before the scheduled payment date. Submit requests to Accounts Payable at least two weeks before the first payment is due.

Email the completed form along with supporting documentation to <u>Accounts Payable</u>. Please <u>email</u> <u>Accounts Payable</u> or call 480-965-3511 for questions or more information.

## Check one

New request

Change to the existing request

Explain the description change in the field below and attach a copy of the original request.

| Cost center plus program, gift, grant or project worktag | Department reporting or | Spend    | Other    |
|--|-------------------------|----------|----------|
|  | roll                    | category | worktags |
|  |                         |          |          |

A separate request must be submitted for each accounting distribution.

Note: The supplier number must be active, and the name and address must match the supplier record.

| Supplier number:                   |  |  |  |  |  |
|------------------------------------|--|--|--|--|--|
| Supplier name:                     |  |  |  |  |  |
| Supplier address one:              |  |  |  |  |  |
| Supplier address two:              |  |  |  |  |  |
| Supplier city, state and zip code: |  |  |  |  |  |
| Payment request total amount:      |  |  |  |  |  |

## Payment schedule

| Month         | Day      | Calendar<br>year | Payment amount:<br>equal installments | Accounts Payable use only         |  |
|---------------|----------|------------------|---------------------------------------|-----------------------------------|--|
| July          | 01       |                  | \$                                    | AP needs by:                      |  |
| August        | 01       |                  | \$                                    | Shipping and billing: REC/AP      |  |
| September     | 01       |                  | \$                                    | Building and room: USB            |  |
| October       | 01       |                  | \$                                    | Responsible person: AP supervisor |  |
| November      | 01       |                  | \$                                    | #                                 |  |
| December      | 01       |                  | \$                                    | Audit initials and date:          |  |
| January       | 01       |                  | \$                                    |                                   |  |
| February      | 01       |                  | \$                                    |                                   |  |
| March         | 01       |                  | \$                                    |                                   |  |
| April         | 01       |                  | \$                                    |                                   |  |
| May           | 01       |                  | \$                                    |                                   |  |
| June          | 01       |                  | \$                                    |                                   |  |
| Calculated to | otal pay | rments           | \$                                    |                                   |  |

When submitted, the variance between the payment request total amount and the calculated total payments must be zero.



| Description — attach the required backup documentation per the FIN manual: |         |                          |        |  |  |  |  |
|--|---------|--------------------------|--------|--|--|--|--|
|  |         |                          |        |  |  |  |  |
|  |         |                          |        |  |  |  |  |
|  |         |                          |        |  |  |  |  |
| Direct inquiries to:   | Departm | ent:                     | Phone: |  |  |  |  |
|  |         |                          |        |  |  |  |  |
| Cost center manager  | Date:   | Additional approval — if | Date:  |  |  |  |  |
| signature — required:  | Date.   | needed:                  | Date.  |  |  |  |  |
|  |         |                          |        |  |  |  |  |
|  |         |                          |        |  |  |  |  |