

Louisiana State University Office of Accounting Services Accounts Payable & Travel 217 Thomas Boyd Hall

NONRESIDENT A	ALIEN CH	IECK REC	QUEST				AS441	
Request Date								
Department								
Contact								
Phone Fax				E-mail				
Payee						Supplier #		
Address						Document #		
City		State		Zip		Document Amt		
Purpose of Payment						PO #		
Payment via							ch AS493, "Wire Transfer Request	
Spend Category								
Program								
Project								
Gift								
Grant								
Cost Center								
Fund								
Function								
Additional Worktags								
Amount								