



## BC Continuing Education Payment Request

1146 Boylan Hall

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Effective Date: September 28, 2010

Expense Type	Refer questions to:	Telephone No.	Date
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### Payable To:

Vendor Name	Address	City	State	Zip	Telephone No.	SSN
					Fax No.	FEIN/TIN

Invoice #	Invoice Date	Description	Amount
Total:			

Authorized Signature:

Authorized Signature:

For FBSC use only. Do not write below this line.

Expense Code and Amount	Expense Code and Amount	Expense Code and Amount
Voucher Number	Voucher Date	Vendor ID
Check Number	Check Date	Check Amount

Checked By: