

# Emergency AP Payment Request

Payee Name:

Payee Address:

Payee Phone:

Federal Tax ID/SSN:

Payee Fax:

Vendor ID (if known):

Invoice Number:

Invoice Date:

Invoice Received Date:

Goods Receipt/Acceptance Dt:

Purchase Order:

Contract Number:

| Item Number | Description | Quantity | Unit Price | Extended Price |
|-------------|-------------|----------|------------|----------------|
| 1           |             |          |            |                |
| 2           |             |          |            |                |
| 3           |             |          |            |                |
| 4           |             |          |            |                |
| 5           |             |          |            |                |
| 6           |             |          |            |                |
| 7           |             |          |            |                |
| 8           |             |          |            |                |
| 9           |             |          |            |                |
| 10          |             |          |            |                |
| 11          |             |          |            |                |
| 12          |             |          |            |                |
| 13          |             |          |            |                |
| 14          |             |          |            |                |
| 15          |             |          |            |                |
| 16          |             |          |            |                |
| 17          |             |          |            |                |
| 18          |             |          |            |                |
| 19          |             |          |            |                |
| 20          |             |          |            |                |

Total Price

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Purpose/Benefit:

Cost Center/Account:

| Cost Center (BU-Fund-DeptID-Program-Budget Ref-Project) | Account | Amount |
|---|---------|--------|
|   |         |        |
|   |         |        |
|   |         |        |

Total Amount

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Special Handling Instructions:

Certifying Signature:

Date Signed:

Name of Certifying Signatory:

Dept Name:



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**ACCOUNTS PAYABLE DEPARTMENT USE ONLY**

AP Auditor Signature:

Date Signed:

Name of AP Auditor:

Auditor's Phone:

AP Director Signature:

Date Signed:

## Emergency AP Payment Request

Note: Emergency spot purchases should be made with Pcard when able.

1. Complete as much information as possible.
2. Indicate the critical nature of this payment in the Purpose/Benefit section.
3. A certifying signatory must sign the form or email it directly to Accounts Payable to confirm their approval.
4. The completed (and signed if not emailed) form should be routed to AP:
  - a. If email works, email to pmuscarello@uh.edu and cc ap@uh.edu.
  - b. If fax and UH electronic files are accessible, fax to 713-743-0521.
  - c. If fax is working but not UH electronic files, fax to 713-743-8709
  - d. If email/fax is not working, mail to or bring to Accounts Payable.
5. AP will review. If approved, AP will request a manual check from Treasury.