



**University of Massachusetts, Amherst
Single Payment Disbursement Voucher**

Voucher #: 18 _____
Controller's Office Only

Use for *US Resident (Non Employee "One Time") Reimbursements Only

Payee Information

Name _____
First Name, Last Name

Street Address _____
City, State, Zip _____

NOTE: Who is a US Resident?
An individual who is a U.S. citizen or a U.S. resident alien.
*****If your vendor is in the Umass Vendor File or the Student Vendor File DO NOT use this form.**
Employee Reimbursements use Travel & Expense Module

Payment Information

Speedtype: Account* ***Account: Do not Change**
US resident (non employee) reimbursements-use 734241 only.

Fund Dept ID Program Class Proj/Grant

Invoice #: _____ "Controller's Office use only" Invoice Date:

Invoice Description (30): _____

Check Handling Code PayCycles: Tuesday AM and Thursday AM

A) Leave check handling code box blank to mail check directly to the payee.

B) Please mark an "X" in the box to have check returned to the Controller's Office for pickup.

See Job aid "Lookup vouchers with special handling" to know when checks will be ready for pick up. Checks are ready for pick up after 11AM at the Bursars Office Teller Window the day following the pay cycle.

Type of Expense/Additional Information	Amount
Airfare:	
Lodging:	
Ground Transportation:	
Mileage: (attach Google map or mileage log)	
Other:	
Other:	
Total	

Department Information	Departmental Approver Signature
Preparer: _____ Department: _____ Email: _____ Campus Address: _____	I certify that the disbursements are in accordance with the provisions of Trustee Policy T92-31. All supporting documentation is attached. Signature: _____ Print Name _____ (How to create a new electronic signature) (How to create a graphic of your signature)

Submission

Electronic Submission	Campus Mail
<p>A) Scan or save form as .pdf file.</p> <p>B) Combine supporting documentation into one file. When combining all documentation this form should be the first page of the .pdf file. Supporting documentation should follow in the same order as the invoice lines on this form.</p> <p>C) Email file to dvouchers@admin.umass.edu (One file per email)</p> <p><small>Vendor Code 666666666</small></p>	<p>A) Attach receipts or supporting documents to an 8.5x11 sheet of paper using clear tape.</p> <p>B) Staple this form to receipts or supporting documentation in the same order as the invoice lines on this form.</p> <p>C) Mail form and receipts/support to Accounts Payable, Controller's Office, Room 319, 100 Venture Way, Hadley, MA 01035</p>