University of Massachusetts, Amherst
Single Payment Disbursement Voucher

Voucher #: _____
UPST 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 Concur.

Payment Information

Speedtype: _____   Account* 734241

*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: _____
MM/DD/YYYY

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

Submission

Electronic Submission Only	
A) Scan or save form as .pdf file.	
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 following in the same order as the invoice lines on this form.	
C) Email file to invoices@umassp.edu (One file per email)	
Vendor Code 6666666666	