

WVU/WVURC PAYMENT SERVICES REQUEST	PCPS FORM 001
---	--------------------------

1 ACTION <input type="checkbox"/> Employee Reimbursement (Not Travel) <input type="checkbox"/> Essential Services / Direct Pay <input checked="" type="checkbox"/> Vendor Invoice	2 DATE <input style="width: 100%;" type="text"/>	3 INVOICE # 48170_____
4 GRANT FUNDS?		<input checked="" type="checkbox"/> (Mark with "X" if applicable)

5 DEPARTMENT INFO Name: Rural Health HSC Contact: Margaret Novacich Phone: 293-1435 Email: mnovacich@hsc.wvu.edu	6 VENDOR/EMPLOYEE INFORMATION Name: _____ Phone: _____ Email: _____ Contact (if Vendor): _____
---	---

7 BUSINESS PURPOSE
 to provide stipend payment to participant in the WV AHEC Rural Community Health Scholars Program

8 DESCRIPTION	AMOUNT
Participation Dates	
Total	\$ -

9 CHARGE TO THE FOLLOWING:	AMOUNT
10015212.6.1007848R.Ge Exp Awd Ed Schp Ln Ttion&Fe.Rural Health Program Support	
Total	\$ -

10 APPROVAL (SIGN and DATE)	<i>Signatures & Dates</i>
A. All Requests - Expert Business Office	
B. Dean Director or Designee if > \$5000	
C. If Vendor Invoice, Vendor Signature	<i>By my signature, I certify I have delivered the above and am due payment.</i>
D. If Employee Reimbursement, Employee	<i>By my signature I certify I received the above and am due payment.</i>
E. If Employee Reimbursement, Supervisor	<i>By my signature I certify the goods / services were received by the dept</i>
F. If Employee or Vendor Payment, enter current address below and have employee / vendor initial.	

Reserved for PCPS Use			
Received Date/By: _____	Audited Date/By: _____	Keyed Date/By: _____	
VC: _____			