



8PVA

PAYMENT VOUCHER

Vendor Code: _____

Vendor Name: _____

Date Prepared: _____

Address 1: _____

Prepared By: _____

Address 2: _____

Phone: _____

Address 3: _____

Department: _____

Check Needed By: _____ (Optional)

Sort Code: _____

PAYMENT CERTIFICATION

The department representative preparing this form must execute the following statement or this form will be returned without action.

If the payee(s) or beneficiary(ies) of this payment is/are a Nonresident Alien(s), please refer to the instructions in the NSHE Policies and Procedures for Payments Made to Nonresident Aliens manual before processing this document. For further information, contact 702-651-4467.

I, the undersigned certify that I have asked the payee/beneficiary for the following information and that it is true and correct:

The payee/beneficiary of this payment is a U.S. Citizen or Permanent Resident ("green card" holder). ☐ Yes ☐ No

Print Name: _____

Signature: _____

Disposition of check if not to be mailed to vendor's address:

Document Text -

ACCTG LINE	FUND	AGCY	ORGN	SUB-ORGN	OBJT	SUB-OBJT	REV SRC	SUB REV SRC	JOB NUMBER
CUSTOMER # DESCRIPTION						VENDOR INV. #	AMOUNT		P/F
01									
02									
03									
04									
05									

Document Total:

Approved	Date	Approved	Date	Approved	Date
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