ЛV	Unive	rsity of I	Nevada	, Las Ve	gas	2PVCXXXXX				
E	5 PAYMENT VOUCHER									
Vendor Code: L#					Check if Pre-Entered:		Initia	al		
		Person Picking Up Check*			Date Prepared:			6/13/07		
-			Mail Stop			Prepared by:		Preparer		
			P						XXXXX	
					Department:		Dept preparing			
Need Check by:					Mail Sort Code:		0			
Check Disposition: Mail to					ent for Pickup					
Instructions: Do not submit a PV for existing purchase orders (contact Disbursements).										
This form must be typed (otherwise, you may order Pre-printed PV's).  Do not submit a PV for existing partnase order is (contact Disbursements).    Use your pre-assigned PV number (contact Disbursements).  Complete the "Document Text" field when an explanation is warranted.    Verify that a valid vendor code is used (FIMS).  Complete the "Document Text" field when an explanation is warranted.    Attach the original supporting documentation to this completed form.  Keep a copy for your records.										
<b>Document Text</b> : Protocol #0000-0000, Name of PI on protocol, "Title of Protocol", Funds to pay XXX research subjects at \$X each. Expected expenditure date of funds.										
Complete for Hosting:  Business Purpose (benefit to UNLV):  Attendees and Affiliation to UNLV:    Date:  Location:										
01	FUND (4)	AGENCY (3)	ORGN (4)	SUB-ORG (2)	OBJECT (2)	SUB-OBJECT (2)	REVENUE (2	2) SUB-REV (2)	JOB NUMBER (8)	
	0000	0	0000		30	RP				
	CUSTOMER #/ DESCRIPTION (20)				VENDOR INVOICE # (11)			AMOUNT 100.00		
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*Person picking up check must have signature authority on Account, If PI, must have Chair or Dean Sign * For Grant Accounts: Object=40, Subobject=01 Document Total: \$100.00									00	
Signature on Account Signature from ORC										
Approved Date Approved Date Approved							Date			