Louisiana State University
Office of Accounting Services
Accounts Payable & Travel
217 Thomas Boyd Hall

SPECIAL HANDLING PAYMENT REQUEST AS209

Request Date _____ Separate Check Y

Department		
Contact		
Phone	Fax	E-mail

Supplier	
Amount	Expenditure Date

☐ **NON-PRIORITY SPECIAL HANDLING**

The attached payment request needs **non-priority special handling**. It is not a request for priority handling/payment and it will be processed in the order in which it was received in the AP & Travel Office.

☐ An enclosure has been attached that should be mailed with the check (e.g., UPI and order form, subscription)

Note: No enclosure should be submitted to Accounts Payable if the vendor is paid electronically. The department must send the required enclosure directly to the vendor under a separate cover (i.e., scan).

☐ Notify department when check is ready (for contracts held in department, local registration fees, permits, etc.)

Contact Name _____ Phone _____

Justification: (Required) _____

_____

☐ **PRIORITY HANDLING**

The attached payment request needs **priority handling** for payment by _____ for the reason indicated below.

☐ Notify department when check is ready (for contracts held in department, local registration fees, permits, etc.)

Contact Name _____ Phone _____

☐ Other _____

Justification: (Required) _____

_____

Authorized by

_____ _____ _____
Department Head Printed Name Date

FOR ACCOUNTING SERVICES USE ONLY

_____ _____
Approved by Date

Rev 06/16