



ACCOUNTS PAYABLE  
TRANSMITTAL

Fiscal Year

CFDA Number (If Grant Funded)

Unit Name

Submitted By

Transmittal Number

Date Prepared

No	Invoice Date	Invoice Number	Vendor or Payee	PO Number	Line #	Sch #	Dist #	Class Fund	Dept	Account	Sub Act	Qty	Amount
1													
2													
3													
4													
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