

REQUEST FOR MISCELLANEOUS PAYMENT WITHOUT AN INVOICE T-27 FORM

Date:_____

Important: **Do not** use this form if:

A supplier record hasn't been created in Payment Works. A supplier must be

requested and cre	ated before submitt	ing this fo	orm.				
Supplier Name:			Dash Supplier #:				
Address:		SSN/ITIN/FIN#:					
	Contract # (If applicable):						
UT Departmental Name:				(п аррпсавіе).			
Amount Requested:							
UT Departmental Email:							
Amount Requested Hour/Day/Week/Lump		V D-+-		Annanint to Davis	T		
Hour/Day/Week/Lump		X Rate	=	= Amount to Pay:			
Dates of Service:							
Description of services or	goods being provide	ed:					
Is the payment to a university employee? Yes No							
	nd clinical trial payn oll or an exception g	•	•	o employees. All othe Office.	er paym	nents must be made	
Is the payment to a current or future UT student? Ye						Yes No	
request.	en correspondence r			campus financial aid	d office	and attached to the	
Were the service.	s performed by a no	n-residen	t alien?			Yes No	
attached to th	· · · · · · · · · · · · · · · · · · ·	System Pa	ayroll Office web	eler form and all applosite to learn more a		documents must be e forms required for	
Chart of Accounts				Amount		Approval	