



# CHECK REQUISITION / JOURNAL ENTRY / OSP REFUND(S)

Check No. \_\_\_\_\_

School Name/Loc No. \_\_\_\_\_ eSAS Journal Entry No. \_\_\_\_\_

Account Name	Object	Program Function	Subledger	Amount	DR/CR
	00	0000		\$	
	00	0000		\$	
	00	0000		\$	
SAP Funding Structure for Fund 9 Use Only	FUND	G/L Account	COST CNTR	FUNCTIONAL AREA	
				-	

P. O. No. (if applicable)\* \_\_\_\_\_ Check/OSP Refund Amount \$ \_\_\_\_\_

Check payable to: \_\_\_\_\_

Description of goods/services ordered: \_\_\_\_\_

OSP order number(s): \_\_\_\_\_

Reason for OSP refund: \_\_\_\_\_

Vendor/Payee Email \_\_\_\_\_

Secretary/Treasurer Signature \_\_\_\_\_ Date \_\_\_\_\_

Originator/Sponsor Signature \_\_\_\_\_ Date \_\_\_\_\_

Principal/Delegate Signature \_\_\_\_\_ Date \_\_\_\_\_

NOTES: Requester of goods/services must sign invoices acknowledging receipt.

\*eSAS P. O. required for any purchase over \$100.00.

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