



University of Massachusetts Lowell

Manual Check Form

Speedtype: N/A

Treasurer's Office Use Only

Check # _____

Date Issued _____

VENDOR NUMBER (10) VENDOR NAME (20)	LOC (3)	INV. DATE (10)	PO #	INVOICE NUMBER (30) INVOICE DESCRIPTION (30)	PAYMENT AMOUNT (10.2)	ACCOUNT (6) FUND (5)	DEPT ID (10) PRJ/GRT (15)	PROG (3)	1099 (Y/N)	Hold Flag	VOUCHER No.
										Y	
										Y	
										Y	
										Y	
										Y	
										Y	
										Y	
										Y	
										Y	
										Y	
										Y	
										Y	
										Y	
										Y	
TOTAL \$					-						

ACCOUNTING USE ONLY	
	Entered By _____
	Date _____

Authorized By:

Prepared By:	_____
Department:	_____
Phone:	_____
Campus Address:	_____
Date:	_____