



ARCHDIOCESE OF CHICAGO INVOICE / PAYMENT REQUEST

Accounting Unit #:

Vendor Name:

Vendor Invoice Number:

Vendor Address:

Service/Invoice Date:

MM / DD / YYYY

(Last date the service was performed with the month)

(This is used to create a unique invoice number if none is provided by the vendor)

Amount:

Expense Explanation:

Special Mailing Instructions:

(Checks will be mailed to the vendor if no special mailing instructions are provided.)

Requested By:

Request Date:

MM / DD / YYYY

Instructions:

- Complete form and send to: apadvantage.APC@pnc.com
- Scan and include any supporting documentation.
- Expense account designations will be done in the system on-line.
- Authorization will be done in the system on-line.