## REQUEST FOR PAYMENT EASTERN ILLINOIS UNIVERSITY

52453

DATE 6/30/05

PAYEE NAME

Carl Emmerich

2106 Meadowlake Drive

PAYEE'S FEIN OR SSN 502-22-3414

ADDRESS ZIP

Charleston, IL 61920

ACCOUNT N	IMBER 2-13407	NAME TAC - Operating			Amount 75		75.00		
ACCOUNT N	JMBER				Amount				
IF PREPAID CHECK - CHECK #			CHECK DATE	1_1_	BANK	#04	Enclose	ire	
VENDOR NUMBER			TC P/F			P.O. # or P.A.#			
ACCOUNT NUMBER	SUBCODE		NVOICE R/DESCRIPTION		INVOICE		AMOUNT		
The Division of				OF THE		\$	311115-11		
		E. L. SE				5	30.00		
						5			
						5			
Towns Su						5			
						\$			
						\$			
						5			
						\$			
						\$			
EXPLANATIO	N/ purchased Folk Ar	t Cane for a	ddition to Terbia Fol	k Art Colle	TOTAL	\$		75.00	
DESCRIPTION	para association in	C 0410 101 6	solucii to raible roi	A AL COME	COUNT				
EXPENS	E CLASSIFICATION								
STALL BELLEVIA SERVICE AND LABOUR			CONTACT PERSON FOR ADDITIONAL						
CONTRACTUAL SERVICES			INFORMATION Sally Bock				PHONE #	2787	
COMMODITIES		ENCLOSURE TO BE MAILED WITH CHE			еск	YES _	NO		
EQUIPMENT			SPECIAL HANDL	ING					
OTHER	subcode 3100								
			REVIEWED BY_	427		<b>450</b>	and a	500	
ORIGINAL INVOICES MUST BE ATTACHED certify that the product or services specified on this wouther were fire the one of this agency and that the expenditure for such goods or services was authorized and lawfully incomed, that such goods or services meet all the request another to be proclaim agreement or contract to which this weather returns, and that the amount account of the proclaim agreement or contract to which this weather returns.				Pre-Audit			Date		
		PROCESSED BY	884						
		PROCESSE	mpy	Accounting			Date		
		-/- /	2001	Data Co	ntroi		Dute		
APPROVED BY	mayor	X	12/05		V. 32				
	Fisher Agent		Dufe Send t	the original	and one cop	y to the	Business	Office.	