Department of Finance and Administration – Financial Control Division

THIRD PARTY PAYMENT SUBMISSION FORM

Business Unit Number:	Agency Name:
Agency I.T. Contact Name:	Agency Accounting Contact Name:
Agency I.T. Contact Phone & Email:	Agency Accounting Contact Phone & Email:
Payment File Name:	Warrant Series*: ***Only one warrant series per submission form**
Journal Entry ID:	
Total # of Payments:	Payment Date:

Accounting Lines

FUND	DEPT	ACCOUNT	BUD REF	CLASS	DR/CR	AMOUNT

Authorized Agency Approver Signature:	
Printed Agency Approver Name:	Date:

DFA/FCD USE ONLY

J/E & Payment File Loaded	Signature	Date:
JE File Approved	Signature	Date:

SUBMIT VIA FAX TO: FCD Operations at 827-1219

Eff. 03/2014