**APPE Payment Submission Form**

**Please complete the Vendor Tax Information and Vendor Application forms in addition to this form for APPE payments for the 2016-2017 academic year. The forms can be found at** <http://pharmacy.ufl.edu/experiential/resources/> **under the Vendor Applications section. Completed forms should be submitted to the Office of Experiential Programs for payment.**

# Site Information

|  |
| --- |
| Site Name: |
| Site Address: |
| Site City, State, Zip Code: |

# Payment Information

|  |
| --- |
| Check Payable to: |
| Mailing Address: |
| City, State, Zip Code: |

# Payment Contact Information

|  |
| --- |
| Contact Name: |
| Contact Phone Number: |
| Contact Email: |

# On-Site Manager/Director

|  |
| --- |
| Manager/Director Signature: |
| Manger/Director Name: |
| Manager/Director Title: |
| Manager/Director Phone Number: |
| Manager/Director Email: |

# For Office Use Only:

|  |  |
| --- | --- |
| Vendor ID: | Date Submitted: |
| Voucher #: | # of Students: |
| Amount of check: |  |

|  |
| --- |
| Notes: |