Louisiana State University
Office of Accounting Services
Accounts Payable & Travel
217 Thomas Boyd Hall

NONRESIDENT ALIEN CHECK REQUEST AS441

Request Date _____

Department		
Contact		
Phone	Fax	E-mail

Payee		
Address		
City	State	Zip

Supplier #
Document #
Document Amt
PO #

Purpose of Payment _____

_____

Payment via ☒ Mail check to Payee's address (listed above)

☒ Wire Transfer to Payee's Bank Account * ** MUST attach AS493, "Wire Transfer Request*

Spend Category			
Program			
Project			
Gift			
Grant			
Cost Center			
Fund			
Function			
Additional Worktags			
Amount			