



# Revenue Entry Request

Internal/External Vendor

School of Medicine

Office of Medical Education  
Undergraduate Medical Education (UME) Business Office

DATE: \_\_\_\_\_

INDEX TO BE CHARGED: \_\_\_\_\_

REQUESTOR: \_\_\_\_\_

ACCOUNT (subject to change): \_\_\_\_\_

DEPARTMENT: \_\_\_\_\_

### REVENUE TYPE

INTERNAL

EXTERNAL

VENDOR: \_\_\_\_\_

New Vendor

Existing Vendor

### CHECKLIST

MEMO

PERSON TO RECEIVE PAYMENT REQUEST  
(IF DIFFERENT FROM MEMO)

ADDRESS OF SERVICE DEPARTMENT

ADDRESS OF PAYMENT DEPARTMENT  
(IF DIFFERENT FROM SERVICE DEPARTMENT)

SERVICE RENDERED

### Description of service rendered:

### Note(s):

### FOR UME BUSINESS OFFICE USE ONLY

Date of order request received: \_\_\_\_\_

IRB#: \_\_\_\_\_

INVOICE#: \_\_\_\_\_

COMPLETION DATE: \_\_\_\_\_

UME Business Office Approval: \_\_\_\_\_