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| --- | --- |
|  | **Payment Cash Checking****Transaction Level Override** |
|  |
| Date: |  | Business Unit *(5 digits)*: |  |
| Requesting Agency: |  |
| Requester Name: |  |
| Requester Phone: |  |
| Requester Email: |  |
|  |
| **Transaction Level Override** |
|  |
| *Please update the following payment transaction(s) for Cardinal Payment Cash Checking Override.* |
|  |
| AP Business Unit *(5 digits)*: |  |  |
|  |
| Transaction Type *(select one)*: |  | Voucher |  | Employee Expense |  | Cash Advance |
|  |
| Transaction ID: |  | Transaction Total Dollar Amount: |  |
| Transaction Vendor Name / Employee Name: |  |
|  |
| Business Reason for Override: |
|  |
|  |
|  |
|  |
| AP Business Unit *(5 digits)*: |  |  |
|  |
| Transaction Type *(select one)*: |  | Voucher |  | Employee Expense |  | Cash Advance |
|  |
| Transaction ID: |  | Transaction Total Dollar Amount: |  |
| Transaction Vendor Name / Employee Name: |  |
|  |
| Business Reason for Override: |
|  |
|  |

|  |
| --- |
|  |
|  |
| AP Business Unit *(5 digits)*: |  |  |
|  |
| Transaction Type *(select one)*: |  | Voucher |  | Employee Expense |  | Cash Advance |
|  |
| Transaction ID: |  | Transaction Total Dollar Amount: |  |
| Transaction Vendor Name / Employee Name: |  |
|  |
| Business Reason for Override: |
|  |
|  |
|  |
|  |
| AP Business Unit *(5 digits)*: |  |  |
|  |
| Transaction Type *(select one)*: |  | Voucher |  | Employee Expense |  | Cash Advance |
|  |
| Transaction ID: |  | Transaction Total Dollar Amount: |  |
| Transaction Vendor Name / Employee Name: |  |
|  |
| Business Reason for Override: |
|  |
|  |
| **DOA General Accounting Office Approval** |
| Approved By: |  | Date: |  |
|  |
| **For Processor Use Only** |
| Entered By: |  | Date: |  |
|  |
| Configuration Reviewed By: |  | Date: |  |
|  |