



REQUEST FOR RECURRING PAYABLE FORM

Important: Do not use this form if:

- A vendor has not been created in IRIS. A vendor must be requested and created before submitting this form.

Vendor Name: _____

IRIS Vendor #: _____

Address: _____

SSN/TIN/FIN #: _____

Contract/PO # _____

UT Departmental Name _____

UT Departmental Email _____

Total Amount approved (entire contract) _____

Monthly Amount Requested _____

Start Date _____

End Date _____

Description of services or goods provided _____

Fund	G/L	IO	Total Amount	Monthly Amount

Approval _____