

# Emergency Transaction (ET) Form

University of Wisconsin – Madison, Business Services  
Suite 5301, 21 North Park Street, Madison WI 53715-1218

**DO NOT USE THIS FORM FOR:**

- Unique mailing instructions
- [Foreign Drafts](#)

For Next Day Check Pick Up, ET forms must be delivered to 21 N. Park Street, Suite 5301 before 9:00 AM.  
The form must be presented to personnel and time/date stamped for Next Day Pick Up processing.  
If received after 9:00 AM, form will be processed for check pick up 2 business days later.

## Type of ET being issued:

**Payee Name:** \_\_\_\_\_ **Payee Contact Information (if pick up):** \_\_\_\_\_

Custodian Funds \_\_\_\_\_ Direct Payment (DP) \_\_\_\_\_  
Payment to Individual (PIR) \_\_\_\_\_ Invoice \_\_\_\_\_  
Purchase Order - Include Requisition Number: \_\_\_\_\_ (Refer to [Purchasing Services Policies and Procedures](#))

## Issue ET as the following (select one):

Check (if vendor is set up for ACH, payment will be sent via ACH)  
Purchase Order  
Check and Purchase Order  
Wire – Completed [Outgoing Wire/Draft Form](#) must be attached (Payee receipt of wire funds may take up to 3 business days)

## ET Output Distribution:

Mail check and/or PO by (date): \_\_\_\_\_  
email PO by (date): \_\_\_\_\_ To: \_\_\_\_\_  
Fax PO by (date): \_\_\_\_\_ Fax #: \_\_\_\_\_  
Wire  
Hold output for next day pick up by: Check Custodian Payee

- Check Custodian option requires a completed Check Custody Agreement be submitted with this form.
- ET check pick up is from 8:00 AM until 4:30 PM at 21 N. Park St., Suite 5301.
- A valid photo ID must be presented when picking up output.

## Explain, in detail, the reason for ET : (i.e. threat to safety or health, unexpected repair of machinery, cost savings)

## Requestor Information (if more information is needed):

Name: \_\_\_\_\_ email: \_\_\_\_\_ Phone: \_\_\_\_\_

## This transaction has been reviewed and is approved for processing.

_____ <i>Department Approval – Print Name</i>	_____ <i>Signature</i>	_____ <i>Date</i>
_____ <i>Dean or Director Approval – Print Name (authorized to sign financial documents)</i>	_____ <i>Signature</i>	_____ <i>Date</i>
_____ <i>Recipient of ET – Print Name</i>	_____ <i>Signature</i>	_____ <i>Date</i>

## Accounting Services Use Only

Time/Date Rec'd: \_\_\_\_\_ Rec'd by: \_\_\_\_\_ ET Amount: \_\_\_\_\_