

**R*STARS
EMERGENCY DISBURSEMENT TRANSMITTAL**

BATCH AGENCY CODE NO. _____

EMERGENCY ARCHIVE NO. _____

AUTHORIZED SIGNATURE _____

SUBMISSION DATE. _____

LINE	PDT	VENDOR/TIN NUMBER	MC	INVOICE NUMBER	INVOICE DATE	SERVICE DATE	PAYMENT NUMBER	DISTRIBUTION AMOUNT	CUR. DOC. NUMBER	FIN. AGY	AY	PCA	INDEX	OBJECT	TC	R
VENDOR NAME							VENDOR ADDRESS - 1			VENDOR ADDRESS - 2						
VENDOR ADDRESS - 3						VENDOR ADDRESS - 4			CITY			ST	ZIP			

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