



GSA Region 6 Form

Required fields are marked with an *

TRANSACTION INFORMATION

Agency/Business Name: *

Account Holder Name: *

Amount (US Dollars xx.xx): *

Invoice Number: *

Memo:

Select one Business Line:*

- Fleet
- Supply
- RPUDD
- Autopurch
- R6Manual
- Other

Select one Payment Type: *

- Other
- Advance

Continue