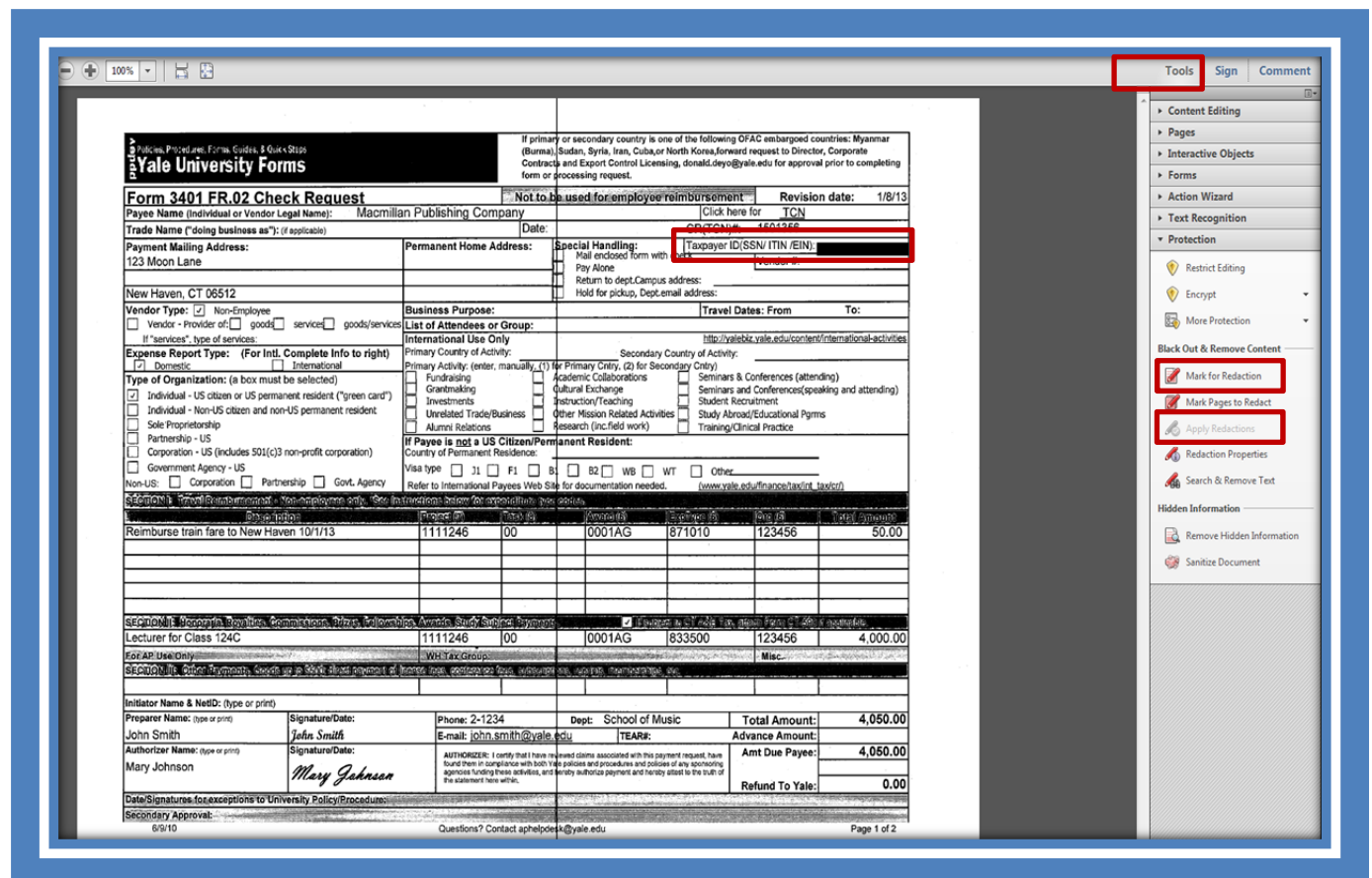
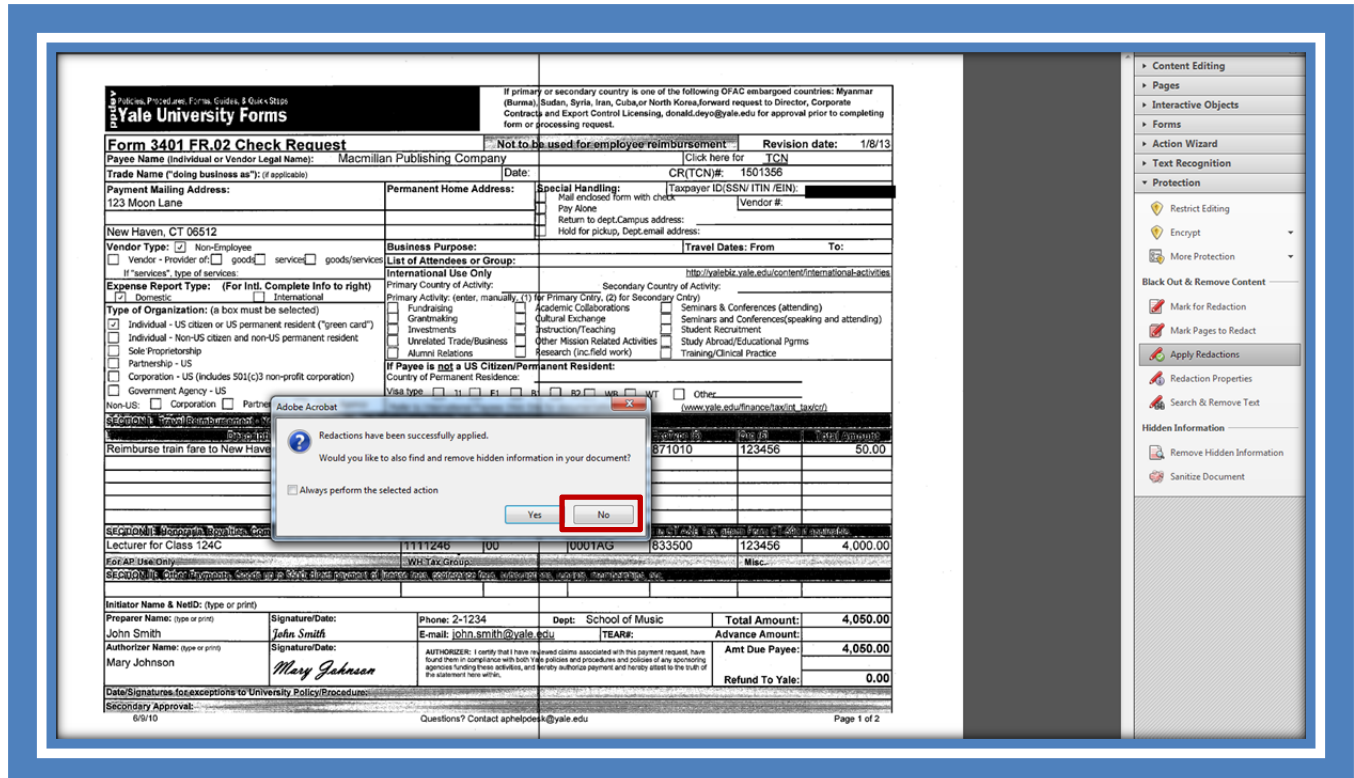


Open the PDF file you would like to redact information from.

- Select Tools
- Select 'Protection'
- Select "Mark for Redaction"
- Place Cursor over the information you would like to redact. (in this example it is the taxpayer number
- Select "Apply Redactions"



- A dialog box will appear. Select “No”
- Verify information has been redacted.



Quick guide for Redacting Information from a PDF file

- Select “File”
- Select “Send To”

[illegible]

- Select "Default Email Application"
- Select "Continue"

Yale University Forms
Policies, Procedures, Forms, Guides, & Quick Steps

If primary or secondary country is one of the following OFAC embargoed countries: Myanmar (Burma), Sudan, Syria, Iran, Cuba, or North Korea, forward request to Director, Corporate Contracts and Export Control Licensing, donald.deyo@yale.edu for approval prior to completing form or processing request.

Not to be used for employee reimbursement Revision date: 1/8/13

Vendor: **McMillan Publishing Company** Date: **TCN** CR(TCN)#: 1501356

Payment Mailing Address: 123 Moon Lane
New Haven, CT 06512

Vendor Type: ☒ Non-Employee
☐ Vendor - Provider of: ☐ goods ☐ services
If "services", type of services:

Expense Report Type: (For Intl. Com) ☒ Domestic ☐ International

Type of Organization: (a box must be selected)
☒ Individual - US citizen or US permanent resident
☐ Individual - Non-US citizen and non-US permanent resident
☐ Sole Proprietorship
☐ Partnership - US
☐ Corporation - US (includes 501(c)3 non-profit corporation)
☐ Government Agency - US
Non-US: ☐ Corporation ☐ Partnership ☐ Govt. Agency

Country of Permanent Residence: Visa type ☐ J1 ☐ F1 ☐ B1 ☐ B2 ☐ WB ☐ WT ☐ Other

Refer to International Payees Web Site for documentation needed. (www.yale.edu/finance/tax/int_tax/cr)

Expense Description	Project ID	Task ID	Account ID	Expense ID	Org ID	Total Amount
Reimburse train fare to New Haven 10/1/13	1111246	00	0001AG	871010	123456	50.00
Lecturer for Class 124C	1111246	00	0001AG	833500	123456	4,000.00

For AP Use Only: ☐ Whichever Group: ☐ Misc.

Initiator Name & NetID: (type or print)
Preparer Name: (type or print) John Smith
Signature/Date: John Smith
Phone: 2-1234
Dept: School of Music
Email: john.smith@yale.edu
TEAR#:
Total Amount: 4,050.00
Advance Amount:
Authorizer Name: (type or print) Mary Johnson
Signature/Date: Mary Johnson
AUTHORIZER: I certify that I have reviewed claims associated with this payment request, have found them in compliance with both Yale policies and procedures and policies of any sponsoring agencies funding these activities, and hereby authorize payment and hereby attest to the truth of the statement here written.
Amt Due Payee: 4,050.00
Refund To Yale: 0.00

Date/Signatures for exceptions to University Policy/Procedure:
Secondary Approval: 6/0/10

Questions? Contact aphelpdesk@yale.edu Page 1 of 2

- Enter recipient in the “To” Field
- Select “Send”

