FIN VER 2009-05

Print Form

Reset Form

AGENCY FUND PAYMENT REQUEST

Murray State University

Only One Invoice Per Payment Request Form

Accounting & Financial Services
200 Sparks Hall
Murray, KY 42071-3316
Phone: (270) 809-4126
Fax: (270) 809-3014

Payee Name & Remit-to Address (Complete fully with no acronyms):

Date: _____
Agency Name: _____
Contact: _____
Phone: _____
Agency FOAPAL: _____

Format:
C-FFFFFF-OOOOOO-AAAAAA-PPPPPP

C=Chart A=Account
F=Fund P=Program
O=Organization

Total: _____

Vendor's Phone No: _____
Vendor's Fax No: _____
Vendor "M" No(if known): _____

ACCOUNTS PAYABLE - PLACE RED "INVOICE" STAMP HERE

Special Handling Instructions:

- ☐ Mail
- ☐ Mail with Attached Enclosures
  --Must staple enclosures to back and include copy of enclosures
- ☐ FedEx FedEx Acct# _____
- ☐ Pick-up Phone: _____
- ☐ Other _____

Invoice Payment Information:

NOTE: Only One Invoice Per Payment Request Form

Invoice Number _____
Invoice Date _____
Company/Acct No. _____
Due Date _____

Item No.	Description	Quantity	Unit	Unit Price	Total

M.S.U. IS AN EQUAL OPPORTUNITY EMPLOYER

Net Amount Due:

I certify that funds are available and the payment has been authorized:

Faculty Advisor's Signature Date

Accounts Payable Date

Receipt Signature Date

PLEASE RETAIN COPY FOR YOUR RECORDS