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):

Vendor's Phone No: _____

Vendor's Fax No: _____

Vendor "M" No(if known): _____

Date: _____

Agency Name: _____

Contact: _____

Phone: _____

Agency FOAPAL: _____

Format:

C-FFFFFF-OOOOOO-AAAAAA-PPPPPP

C=Chart **A=Account**

F=Fund **P=Program**

O=Organization

Total: $0.00

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: $0.00

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