PUR-PR 08/2003

PAYMENT REQUEST

Murray State University Foundation

MSU Foundation Sales Tax Exempt No. C-13546

Only One Invoice Per Payment Request Form

Reset Form

Procurement Services
200 General Services Bldg
Murray, KY 42071-3355
Phone: (270) 809-2703
Fax: (270) 809-3408

MSU Foundation
100 Nash House
Murray, KY 42071-3316
Phone: (270) 809-3978
Fax: (270) 809-3231

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

Vendor's Phone No: _____

Vendor's Fax No: _____

Vendor ID/SS No: _____

Date: _____

Dept Name: _____

Dept Contact: _____

Dept Phone: _____

Dept Acct Number: _____ _____

Format:
CC-AAAAAA-SSSS

C = Campus code
A = Account number
S = Subcode

Total: 0.00

Select Payment Type (choose one) :

- ☐ A. Employee Reimbursement (Non-Travel)
- ☐ B. Capital Construction Contract
- ☐ C. Special Services Contract -- Contract # _____
- ☐ D. Personal Services Contract -- Contract # _____
- ☐ E. Memorandum of Agreement -- Contract # _____
- ☐ F. Stipends / Honorarium ($100 & Under)
- ☐ G. Agency Fund
- ☐ H. Registrations
- ☐ I. Petty Cash Replenishments
- ☐ J. Postage
- ☐ K. Housing, Student, & Miscellaneous Refunds
- ☐ L. Accounting & Financial Services Use Only

Routing Information: *Payment Types A thru E: To Procurement Services*
Payment Types F thru K: To MSU Foundation

Special Handling Instructions:

- ☐ Mail
- ☐ Mail with Attached Enclosures
  --Must staple enclosures to back and include copy of enclosures
- ☐ FedEx FedEx Acct# _____
- ☐ Pick-up - phone number _____
- ☐ 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
					0.00
					0.00
					0.00
					0.00
					0.00
					0.00
					0.00
					0.00
					0.00
					0.00

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:

Account Manager's Signature _____ Date _____

Authorized Procurement Agent's Signature _____ Date _____

Account Manager's Signature _____ Date _____

Accounts Receivable _____ Date _____

Accounts Payable _____ Date _____

BANK	TC	DISCOUNT	EC	1099	DUE DATE	ENC REF #	VOUCHER #

Receipt Signature _____ Date _____

PLEASE RETAIN COPY FOR YOUR RECORDS