

# PAYMENT REQUEST

## Murray State University

MSU Sales Tax Exempt No. A-355

**Only One Invoice Per Payment Request Form**

**Procurement Services**

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

**Accounting & Financial Services**

200 Sparks Hall  
Murray, KY 42071-3312  
Phone: (270) 809-4126  
Fax: (270) 809-3014

<b>Payee Name &amp; Remit-to Address</b> (Complete fully with no acronyms):  	<b>Date:</b> _____ <b>Dept Name:</b> _____ <b>Dept Contact:</b> _____ <b>Dept Phone:</b> _____ <b>Dept Acct Number:</b> _____ <i>Format:</i> CC-AAAAAA-SSSS  C = Campus code A = Account number S = Subcode  <p style="text-align: right;"><b>Total:</b> _____</p>
Vendor's Phone No: _____ Vendor's Fax No: _____ Vendor ID/SS No: _____	

<b>Select Payment Type</b> (choose one) : <input type="checkbox"/> A. Employee Reimbursement (Non-Travel) <input type="checkbox"/> B. Capital Construction Contract <input type="checkbox"/> C. Special Services Contract -- Contract # _____ <input type="checkbox"/> D. Personal Services Contract -- Contract # _____ <input type="checkbox"/> E. Memorandum of Agreement -- Contract # _____ <input type="checkbox"/> F. Stipends / Honorarium (\$100 & Under) <input type="checkbox"/> G. Agency Fund <input type="checkbox"/> H. Registrations <input type="checkbox"/> I. Petty Cash Replenishments <input type="checkbox"/> J. Postage <input type="checkbox"/> K. Housing, Student, & Miscellaneous Refunds <input type="checkbox"/> L. Accounting & Financial Services Use Only  <b>Routing Information:</b> <i>Payment Types A thru E: To Procurement Services</i> <i>Payment Types F thru K: To Accounting &amp; Financial Services</i>	<b>Special Handling Instructions:</b> <input type="checkbox"/> Mail <input type="checkbox"/> Mail with Attached Enclosures --Must staple enclosures to back and include copy of enclosures  <input type="checkbox"/> FedEx    FedEx Acct# _____  <input type="checkbox"/> Other _____  <b>Invoice Payment Information:</b> <i>NOTE: Only One Invoice Per Payment Request Form</i> Invoice Number _____ Invoice Date _____ Company/Acct No. _____ Due Date _____
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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:

Account Manager's Signature _____	Date _____	Authorized Procurement Agent's Signature _____	Date _____
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Accounts Receivable _____	Date _____	Accounts Payable _____	Date _____																	
<table style="width: 100%; border-collapse: collapse; font-size: x-small;"> <tr> <th style="width: 10%;">BANK</th> <th style="width: 10%;">TC</th> <th style="width: 10%;">DISCOUNT</th> <th style="width: 10%;">EC</th> <th style="width: 10%;">1099</th> <th style="width: 10%;">DUE DATE</th> <th style="width: 10%;">ENC REF #</th> <th style="width: 10%;">VOUCHER #</th> </tr> <tr> <td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td> </tr> </table>	BANK	TC	DISCOUNT	EC	1099	DUE DATE	ENC REF #	VOUCHER #									Receipt Signature _____			Date _____
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PLEASE RETAIN A COPY FOR YOUR RECORDS