

AGENCY FUND PAYMENT REQUEST

Murray State University

Accounting & Financial Services

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

Only One Invoice Per Payment Request Form

<p>Payee Name & Remit-to Address (Complete fully with no acronyms): </p>	<p>Date: _____ Agency Name: _____ Contact: _____ Phone: _____ Agency FOAPAL: _____</p>
<p>Vendor's Phone No: _____ Vendor's Fax No: _____ Vendor "M" No(if known): _____</p>	<p>Format: <input type="text" value="C-FFFFFF-O00000-AAAAAA-PPPPPP"/> C=Chart A=Account F=Fund P=Program O=Organization</p> <p style="text-align: right;">Total: _____</p>
<p>ACCOUNTS PAYABLE - PLACE RED "INVOICE" STAMP HERE</p>	<p>Special Handling Instructions: <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"/> Pick-up Phone: _____ <input type="checkbox"/> Other _____</p> <p>Invoice Payment Information: NOTE: Only One Invoice Per Payment Request Form Invoice Number _____ Invoice Date _____ Company/Acct No. _____ Due Date _____</p>

Item No.	Description	Quantity	Unit	Unit Price	Total

M.S.U. IS AN EQUAL OPPORTUNITY EMPLOYER

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

Net Amount Due: _____

_____ Date
Faculty Advisor's Signature

_____ Date
Accounts Payable

_____ Date
Receipt Signature