FIN VER 2009-05

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

l -	nit-to Address (Complete fully with no acronyms):		Date:		
		Agend	cy Name:		
			Contact:		
			Phone:		
		Agency F	OAPAL:		
		Format:	O7 11 7 12.		
		 	C-FFFFF-000000-AAAAAA-PPPPPP		
Vendor's Phone No:		C=Chart	A=Account		
		F=Fund			
/endor "M" No(if known):			P=Program	1	
endor w Notil Known).		O=Organization		Tat	al.
				100	al:
		Special Har		tructions:	
ACCOUNTS PAYABLE - PLACE RED "INVOICE" STAMP HERE			Mail	A" 15	
		☐ Mail with Attached EnclosuresMust staple enclosures to back and include copy of enclosures			
			FedEx FedEx Acct# Pick-up Phone:		
			Other		
		Invoice Pay	mont Info	armation:	
			Invoice Payment Information: NOTE: Only One Invoice Per Payment Request Form		
			Invoice Number		
		'''	invoice bate		
		Company/Acct No. Due Date			
			Due Date	9	
14 NI -			10.1.1	T u as	T-4-1
Item No.	Description	Quantity	Unit	Unit Price	Total
	M.S.U. IS AN EQUAL OPPORTUNITY EMPLOYER				
	M.S.U. IS AN EQUAL OPPORTUNITY EMPLOYER			Net Amount Due	
I certify that funds are	M.S.U. IS AN EQUAL OPPORTUNITY EMPLOYER available and the payment has been authorized:			Net Amount Due	
	available and the payment has been authorized:			Net Amount Due	
I certify that funds are	available and the payment has been authorized:			Net Amount Due:	
	available and the payment has been authorized:			Net Amount Due	
	available and the payment has been authorized:	Accounts Pavable		Net Amount Due	
	available and the payment has been authorized:	Accounts Payable		Net Amount Due	Date
	available and the payment has been authorized:	Accounts Payable		Net Amount Due	