



# MIDWESTERN STATE UNIVERSITY

## DIRECT PAYMENT VOUCHER



DATE \_\_\_\_\_ 20 \_\_\_\_

Department Reference No. \_\_\_\_\_

I certify that there are sufficient funds to cover this payment request (FGIBAVL checked) and that this reimbursement or payment corresponds in every particular with the terms of my budget restrictions. I certify that this purchase was made on behalf of the University.

Department \_\_\_\_\_ F-O-P Fund -Organization-Program / Description \_\_\_\_\_

Vendor Name

Address

City, Zip

Banner Vendor ID →  If New Vendor: Federal Tax ID or Social Security No.

Service/ Delivery Date	Description of Goods or Services - Include Invoice Number	Quantity	Unit Price	Amount
PLEASE PROVIDE MAILING INSTRUCTIONS IN THE ABOVE SPACE			TOTAL →	

Please attach ORIGINAL invoice for supporting documentation. Payment to a vendor should not be made from an invoice copy.

For meals for business purpose reimbursement, both the restaurant itemized ticket and the paid receipt must be submitted with the Entertainment Expense Form.

For other reimbursements to individuals, proof of payment by the individual must be attached.

Approved: Budgetary Unit Head \_\_\_\_\_ Date \_\_\_\_\_ Approved: Senior Administrator \_\_\_\_\_ Date \_\_\_\_\_

Name and Extension of Person to Contact if there are questions about this request: \_\_\_\_\_

Approved: Business Office \_\_\_\_\_ Date \_\_\_\_\_

**Call the Business Office  
at 397-4107 with any  
questions or concerns.**

Account Code(s): \_\_\_\_\_

Date: \_\_\_\_\_