



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: _____