



Banner Document # **I** _____

Payment Request

Accounts Payable Office

Send form directly to the Accounts Payable Office

Note to Vendor:

BANNER CHECK DATE _____

Payment is enclosed for the following, please do not invoice

Ship To: OREGON STATE UNIVERSITY Attn: _____
 Dept _____ Address _____
 City _____ State _____ Zip _____
 Phone [] [] [] Fax [] [] [] Email _____

Note to Oregon State University Business Affairs - Payables:

I wish to have documents mailed with payment - 1) "CTA" and any other relevant information is indicated in Banner Vendor Invoice Number field 2) Banner document indicator has been changed from "M" to "I". 3) a copy of this form, as well as copies of information to be included with payment is attached.

VENDOR INFORMATION - as it appears in Banner

Name _____ Vendor Number _____
 Address _____
 City _____ State _____ Zip _____
 Phone [] [] [] Fax [] [] [] Email _____

BUSINESS/ REFUND PURPOSE *(be specific - who, what, when, where, why)*

Complete the following for Postage & Supply Orders, Memberships, Subscriptions, etc.

DESCRIPTION OF PURCHASE	QUANTITY	UNIT PRICE	TOTAL
SHIPPING & SPECIAL HANDLING CHARGES			
CHECK TOTAL			

INDEX CODE	ACCOUNT CODE	ACTIVITY CODE	AMOUNT

CONTACT NAME: _____ PHONE: [] [] []

PREPARED BY *if different from above:* _____ PHONE: [] [] []

DEPARTMENTAL APPROVAL:

I certify that the expense(s) itemized above has been reviewed and is an accurate, allowable, and appropriate expenditure. It is within my budgetary authority to approve the above expense(s).

Signature DATE: _____

Printed Name & Title