



Send form directly to Business Center

Payment Request

Note to Vendor:

Banner Check Date: _____

Payment is enclosed for the following, please do not invoice.

Selected Invoice #: _____

Ship To: _____

Attn: _____

Dept: _____

Address: _____

City: _____

State: _____ Zip: _____

Phone: _____ Fax: _____

Email: _____

Note to Oregon State University Business Affairs:

CTA - I wish to have documents mailed with payment* - Include the documents to be attached in Nolij using the "Invoice - CTA" doc type.

Pickup - Hold check for Pickup* Name: _____ Phone: _____

Direct Deposit Override - Generate a manual check payment - The Direct Deposit Override box must be checked on FAAINVE during invoice entry.

*NOTE: Special Check Handling Requires Document Indicator = 1

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 and 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: _____