

METROPOLITAN STATE UNIVERSITY *of* DENVER

Office of Accounting Services

PAYMENT REQUEST FORM

AP Use Only

TO: AccountsPayable@msudenver.edu
(Please email this form, with supporting documentation.)

DATE: _____

FROM: _____

DEPT: _____

PHONE: _____

AMOUNT: _____

CONTRACT/SPO/PO# _____

PAYEE 900# or VENDOR ID: _____

A W-9 is required if this vendor is not in Banner.

PAYEE: _____

ADDITIONAL REQUIRED INFORMATION

PAYEE PHONE: _____

PAYEE eMAIL: _____

PURPOSE: _____

FOAPAL TO BE CHARGED:

AMOUNT: _____	AMOUNT: _____	AMOUNT: _____	AMOUNT: _____
FUND: _____	FUND: _____	FUND: _____	FUND: _____
ORG: _____	ORG: _____	ORG: _____	ORG: _____
ACCT: _____	ACCT: _____	ACCT: _____	ACCT: _____
PROG: _____	PROG: _____	PROG: _____	PROG: _____
ACTV: _____	ACTV: _____	ACTV: _____	ACTV: _____
LOCN: _____	LOCN: _____	LOCN: _____	LOCN: _____

I hereby certify that the goods shown on the attached invoice(s) or other supporting documents, properly corrected and adjusted, have been received in good condition and they comply with the specifications given, or that the services were satisfactory and these items have been or are to be used on official business and funds are available in my budget for these goods or services.

PAYMENT PROCESS REQUESTED:

Send via ACH to the payee shown above.

Mail check to payee at the address shown above.

The payee will pick up the check at the Business Office cashier window.

The payee is unable to pick up the check. Please allow

or _____ to pick up the check. (Identification is required.)

Other: _____

APPROVED BY: _____
(PRINT - Must be a FOAPAL signatory.)

AUTHORIZED SIGNATURE: _____
(Must be a FOAPAL signatory.)