Missouri State University-West Plains

PAYMENT REQUEST FORM

Date _____

Not to be used for Petty Cash Fund Reimbursement

SUBMIT COMPLETED FORM: WEST PLAINS CAMPUS – BUSINESS OFFICE HASS-DARR HALL, room 110

DEPARTMENT: _____ DATE PAYMENT CHECK NEEDED: _____

CONTACT NAME: _____ CONTACT PHONE #: _____

Chart of Accounts	FUND	ORG	ACCOUNT	PROGRAM	ACTIVITY*	LOCATION*	$ Amount
☐ U							
☐ F							

*The Activity and Location codes will be used for specific Funds Only.

Financial Services Use only

Banner Document # _____ Approval & Date _____

SPECIAL INSTRUCTIONS:

QTY	DESCRIPTION / BUSINESS PURPOSE	PRICE PER UNIT	TOTAL COST

Guidelines for Expense Reimbursements to Individuals:

1. The following expenses are not reimbursable: goods/services normally available from other university departments, university bookstore purchases, postage, long distance, service rendered by an employee, travel, photocopy, personal loans, food, greeting cards flowers, gifts, sales tax.
2. The payment request must be accompanied by receipt(s) for each purchase taped to an $8^{1/2} \times 11$ piece of paper. The receipt(s) must either have the employees name printed or must be signed by the employee requesting reimbursement.

SEND BY DIRECT DEPOSIT* ***Employee/Student Only***

YES ☐ **NO** ☐ SIGN UP HERE

- VENDOR M#_____
- COMPLETE VENDOR NAME AND ADDRESS INCLUDING ZIP

_____
(SIGNATURE OF PERSON MAKING REQUISITION)

_____
(PRINTED NAME OF PERSON MAKING REQUISITION)

_____
(APPROVING SIGNATURE OF DEPARTMENT HEAD)

_____
(PRINTED NAME OF APPROVING DEPARTMENT HEAD)

Revised on 10/01/2021