

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 CASS HALL**

DEPARTMENT: \_\_\_\_\_

DATE PAYMENT CHECK NEEDED: \_\_\_\_\_

CONTACT NAME: \_\_\_\_\_

CONTACT PHONE #: \_\_\_\_\_

Chart of Accounts	FUND	ORG	ACCOUNT	PROGRAM	ACTIVITY*	LOCATION*	\$ Amount
<b>U</b>							
<b>F</b>							

\*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<sup>1/2</sup> × 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)