

BANNER PAYMENT AUTHORIZATION

Vendor Fed Tax Id/SSN: _____ Vendor # _____

***Must Provide If SSN

Mail Seq. _____

Date: _____

Name of Vendor to be Paid: _____

Address: _____

Mail Check: _____

Amount: _____ Mail Check With Attachments: **(99NM)** _____

Charge to: _____ Check Will Be Picked Up: _____

Purpose: _____

Account/Customer Number: _____

Invoice Number(s): _____

Purchase Order Number(s): _____

COM _____ Authorized Signature: _____

CODE _____

SEQ#	Index	Fund	Orgn	Acct	Prog	ACTV	Locn	Amount	
1									
2									
3									
4									
5									
6									
7									
								Total	

For Business Office Use Only:

Date Received _____

Payment _____

Document Number:

attach original invoice, keep a copy for your records

Keyed _____ Appr _____