FILLING OUT THE BANNER PAYMENT AUTHORIZATION:

Vendor Fed Tax ID/SSN: Needed for individuals or Businesses

Date: Date you prepared form

Name: Vendor name

Address: Must include city, state, zip

Mail check: Check only will be mailed

Mail check w/attachments: Attachments will be included with the check
Please include envelope with attachments inside

Check will be picked up: Check can be picked up from the Cashier

Amount: Total to be paid

Charge to: Index #

Purpose: Briefly describe nature of purchase if there is no invoice for the BPA

Customer No.: This is the customer # the Vendor has assigned

Invoice Number(s): List invoice number(s) here so we can include them on explanation portion of warrant

Purchase Order Number(s): If PO was used

Authorized Signature: Person authorized to sign for department, etc.

The bottom portion of the form is usually completed by the Business Office.

Original itemized invoices must accompany the BPA.