

MISSOURI STATE UNIVERSITY™
PAYMENT REQUEST

Date _____

DEPARTMENT Phone #

Budget Number - -

Approval
&
Date

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BUDGET CATEGORY TO BE CHARGED:
Equipment Purchase and Repair

Additions	☐
Replacements	☐
Repairs	☐
Operations	☐

DATE THAT PAYMENT
CHECK NEEDED

DO NOT WRITE IN THE SPACE BELOW

DO NOT WRITE IN THE SPACE BELOW																																																																																																																																																																																																																																											
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TYPE OF ORDER _____ FOB _____

SPECIAL INSTRUCTIONS

QUANTITY	DESCRIPTION	PRICE PER UNIT	TOTAL COST															
FOREIGN NATIONAL TAX INFORMATION <i>For Departments-please answer-forward to Payroll</i> ☐ Scholarship ☐ Independent Contractor <i>For Payroll</i> Do Not Tax ☐ Resident Alien --1099? Y N ☐ Non-Resident/Tax Treaty (Ctry) _____ Tax ☐ 30% ☐ 14% or .. ☐ "Gross up" tax <i>For Accounts Payable</i> \$ _____ Expense \$ _____ Expense \$ _____ Expense <table> <tr> <td>FUND</td><td>ORG</td><td>ACC</td><td>PROG</td><td></td></tr> <tr> <td>A02000</td><td></td><td>21021</td><td></td><td>\$ _____ Tax</td></tr> <tr> <td>A02000</td><td></td><td>21022</td><td></td><td>\$ _____ Tax</td></tr> </table> ☐ 1042s - Code: S I R A None \$ _____ Check Amt APPROVED _____ DATE _____		FUND	ORG	ACC	PROG		A02000		21021		\$ _____ Tax	A02000		21022		\$ _____ Tax		
FUND	ORG	ACC	PROG															
A02000		21021		\$ _____ Tax														
A02000		21022		\$ _____ Tax														

COMPLETE VENDOR NAME AND ADDRESS INCLUDING ZIP CODE

(SIGNATURE OF PERSON MAKING REQUISITION)

(APPROVING SIGNATURE OF DEPARTMENT HEAD)