

Send to: Accounts Payable, MS 1248

BOISE STATE UNIVERSITY Payment Request

Instructions:

1. Always use a Purchase Order or P-Card when placing orders. **P-card may be used for most purchases under \$2,000.**
2. If ordered on a Requisition/PO, attach invoice to a Financial System Routing Slip and send to Purchasing, **do not use this form.**
3. Employee travel and business expense reimbursements are processed through the Travel and Expense (T&E) Module, **do not use this form.**
4. One vendor per form.
5. If more than one receipt or invoice, attach sheet listing each invoice or receipt and securely attach all receipts.
6. Combine charges using only one line per Org/Dept ID & Account Code combination. If your payment requires more than four lines, attach additional forms. If paying foreign company or person, additional forms may be required. Please contact Administrative Accounting, 426-2543.

Check type of payment:

- Suppliers:
 1. Attach original invoice(s).
- Reimbursements to non-employees:
 1. Attach a Services Rendered form (signature not required)
 2. Attach original itemized receipts
 - 3. Provide detailed business purpose**
- Registrations, reservations, subscriptions, memberships, etc. (no travel items)
 1. Attach completed order form
- Other
- Petty cash:
 1. Attach Petty Cash Request Form
 2. Attach original itemized receipts
- Independent contractor payments under \$600.00: Vendor must be an independent contractor approved by A/P, x63101:
 1. Attach acceptable original Statement of Services Rendered Form
- Independent contractor payments over \$600.00: Vendor must be an independent contractor approved by A/P, x63101:
 1. Attach acceptable original Statement of Services Rendered Form or original itemized invoice
 2. Attach a copy of the Contract for Services

All information below must be filled in (please print) & all applicable backup attached or form WILL BE RETURNED TO DEPARTMENT!

Vendor Name _____ Vendor Number (if known) _____

Providing a valid vendor number reduces payment time by up to 3 days.

Required: If paying a student enter their Boise State ID number

If paying an individual w/o Boise State ID, enter their SSN or EIN

Boise State ID Number _____

SSN or EIN _____

1. Org/Dept ID _____ Acct _____ Proj/Grant _____

Description _____ Amnt \$ _____

2. Org/Dept ID _____ Acct _____ Proj/Grant _____

Description _____ Amnt \$ _____

3. Org/Dept ID _____ Acct _____ Proj/Grant _____

Description _____ Amnt \$ _____

4. Org/Dept ID _____ Acct _____ Proj/Grant _____

Description _____ Amnt \$ _____

NOTE: After completing this form, keep the pink copy and send the white and yellow copies **Grand Total \$** _____ with proper backup to A/P, MS 1248. The yellow copy will be returned with assigned voucher number.

Please print below.

Requester _____ Dept. Name _____
Print Name

Authorized Signature _____
Print Name and Title _____ Date _____

Phone No. _____ Fax No. _____

Voucher No. _____ Voucher Date _____

Return to: Name _____ Location _____