AGENCY FUND PAYMENT REQUEST Murra y State Universit y

Accounting & Financial Services 200 Sparks Hall Murray, KY 42071-3316 Phone: (270) 809-4126 Fax: (270) 809-3014

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	Date	:		
Ageno	Agency Name:			
	Contact	:		
	Phone	:		
Agency F	OAPAL			
		A-PPPPPP		
	P=Progra	m		
O=Organization				
		Total	:	
Special Har	ndling In:	structions:		
Mail with Attached Enclosures				
Must staple enclosures to back and include copy of enclos				
		reat Acct#		
] PICK-UP	Phone:		
Invoice Pay	Invoice Payment Information:			
NOTE: Only One Invoice Per Payment Request Form Invoice Number				
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Compan	19/76661 140	J.		
	Due Dai			
Quantity	Unit	Unit Price	Total	
		Net Amount Due:		
	Agency F Format: C-FFFFFF-000C C=Chart F=Fund 0=Organization Special Han C Invoice Pay N Invoice In	Agency Name Contact Phone Agency FOAPAL Format: C-FFFFFF-000000-AAAAA C=Chart A=Accour F=Fund P=Progra O=Organization C=Organization Special Handling Ins Mail Mail wit Mu FedEx Pick-up Other Invoice Payment Inf NOTE: Only Invoice Dat Company/Acct Ne Due Dat	Contact: Phone: Format: C-FFFFFF-000000-AAAAAA-PPPPPP C=Chart A=Account F=Fund P=Program 0=0rganization Total O=Organization Total Special Handling Instructions: Mail with Attached Enclosures Must staple enclosures to back ar Mail With Attached Enclosures Must staple enclosures to back ar FedEx FedEx Acct# Pick-up Phone: Other Invoice Payment Information: NOTE: Only One Invoice Per Payment Requ Invoice Number Invoice Date Due Date	

Receipt Signature