

ST. CLOUD STATE UNIVERSITY

Payment Request

Form PR 1400

XXXXXXXX

(This number for departmental use only-not used in MNSCU accounting)

INSTRUCTIONS: Complete *only areas indicated in white*.

FY	COST CENTER	OBJECT CODE	AMOUNT
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Item No.	Quantity	Description of Item or Service	Unit Price	Dis-Count	Total Price
		Special Instructions:			

VENDORS NAME:			
ADDRESS:			
CITY, STATE, ZIP:			
SIGNATURE:		TOTAL	\$

DATE _____
 DEPT _____
 PHONE _____

OCCURRENCE DATE: <input type="text"/>	SINGLE CHECK FLAG: <input type="checkbox"/>
VENDOR # PERSON ID: <input type="text"/>	MAPS PV TYPE CODE: <input type="checkbox"/>
STAE AGENCY: (Y/N) <input type="checkbox"/>	SELLER INFO: FUND <input type="checkbox"/> APPROP <input type="text"/>
VENDOR INVOICE #: <input type="text"/> (27 CHARACTERS)	AGENCY <input type="checkbox"/> ORG <input type="text"/>
<input type="text"/>	REVENUE <input type="checkbox"/>
TRANSACTION NUMBER	DATE