

# Banner Payment Authorization

DOC# \_\_\_\_\_

Invoice Date: \_\_\_\_\_

**Vendor Name & Address**

**Check all that apply**

- ACH (Direct Deposit) is accept
- Vendor is current MSU employee or current in the last 6 months.
- Not a US Citizen (indicate where work was performed)

Contact: \_\_\_\_\_

Date mailed W-9: \_\_\_\_\_

| PO/ENC | P/F | Index | Fund | ORGN | Account | PROG | Activity | Amount | Location |
|--------|-----|-------|------|------|---------|------|----------|--------|----------|
|        |     |       |      |      |         |      |          |        |          |
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|        |     |       |      |      |         |      |          |        |          |

Date Stamps

*Ref/Additional Information*

**Total**      **\$0.00**

\_\_\_\_\_  
*Authorized Signature*

\_\_\_\_\_  
*Authorized Signature*

\_\_\_\_\_  
*Authorized Signature*

\_\_\_\_\_  
*Authorized Signature*

*Remit Info (to be included on the check stub)*