

## Mississippi University for Women

		(Cor	mptroller's Use Only)	
*Vendo	or#			
Name:				
Addres	s:			
Invoice	e #:			
Descrir	otion:			
	Fund	Organization	Account	Approved Amount
	Fund	Organization	Account	Approved Amount
	Fund	Organization	Account	^ ^
	Fund	Organization	Account	\$
	Fund	Organization	Account	\$
	Fund	Organization	Account	\$ \$ \$
	Fund	Organization	Account	\$ \$ \$ \$
		Organization		\$ \$ \$ \$
al Instruc		Organization	Total	\$ \$ \$ \$

\*Note: If this is a new vendor, make sure Resources Management has the vendor information to set up in Banner. If individual, make sure Resources Management has W9