

# Mississippi University for Women

## Direct Pay Form

Document # \_\_\_\_\_  
(Comptroller's Use Only)

\* Vendor #: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Invoice #: \_\_\_\_\_

Payment Due: \_\_\_\_\_

Description: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

| Fund            | Organization | Account | Approved Amount |
|-----------------|--------------|---------|-----------------|
|                 |              |         | \$              |
|                 |              |         | \$              |
|                 |              |         | \$              |
|                 |              |         | \$              |
|                 |              |         | \$              |
|                 |              |         | \$              |
|                 |              |         | \$              |
| <b>Total \$</b> |              |         |                 |

|                              |
|------------------------------|
| <b>Special Instructions:</b> |
|                              |
|                              |
|                              |
|                              |

\_\_\_\_\_  
 Signature of Budget Manager

\_\_\_\_\_  
 Date

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