Please print on yellow paper

MISSOURI STATE UNIVERSITYTM PAYMENT REQUEST

Date		
Date		

DEPARTMEN	т	Phone #	Number									- Approval & Date											
BUDGET	CATEGORY TO BE CHARGED:		Number																		_		
	oment Purchase and Repair	DO NOT WRITE IN THE											HE SPACE BELOW										
	cements 🔲											-		\$				$\top \Box \Box \Box \Box$					
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TYPE OF ORDER FOB																							
SPECIAL INSTRUCTIONS												+											
QUANTITY	DESCRIPTION									Т	PRICE PER UNIT TOTAL						L CO	ST					
												1											
	FOREIGN NATIONAL TAX INFORMATION																						
For Departments-please answer-forward to Payroll																							
Scholarship Independent Contractor For Payroll																							
Do Not Tax Resident Alien1099? Y N																							
	☐ Non-Resident/Tax Treaty (Ctry)																						
	Tax □ 30% □ 14% or □ "Gross up" tax																						
	For Accounts Payable																						
	\$Expense																						
	\$\$Expense																						
	\$ Expense																						
	1012-00-0060 \$ Tax																						
	1012-00-0065 \$ Tax																						
	☐ 1042s - Code: S I R A None																						
	\$ Check Amt APPROVED DATE																						
COMPLETE VENDOR NAME AND ADDRESS INCLUDING 7ID CODE																							

(SIGNATURE OF PERSON MAKING REQUISITION)

(APPROVING SIGNATURE OF DEPARTMENT HEAD)