

NORTHWESTERN STATE UNIVERSITY
DEPARTMENTAL
PAYMENT PROCESSING REQUEST FORM
email: nsuacctspay@nsula.edu

Ck # _____

☐ AP Voucher ☐ Direct Pay ☐ Credit Memo ☐ General Encumbrance

Date Prepared: _____
PO Number: (AP Voucher only) _____
GE Number: (Gen. Encumbrance only) _____
Vendor Number: _____
Vendor Name: _____
Remit to Address: _____

For Accounts Payable Use Only	
Date Entered	_____
Fiscal Year	_____
Bank Code	01 Direct Deposit _____ Y or N
NSF Appv By	_____ 1099 Pmt _____ Y or N
Document Text: _____ _____	

☐ Partial Payment ☐ Pick Up Check* ☐ One Invoice Per Check ☒ Commodity Level Accounting
☐ Final Payment ☐ Enclosure ☐ Many Invoices Per Check ☐ Document Level Accounting

*All vendor checks are mailed directly from the Business Affairs Office. If it becomes necessary for someone to pick up a check, a signed, written request from the Budget Unit Head is required indicating the person who is to pick up and sign for the check. Picking up checks is not a preferred practice. If you pick up a vendor check, it is your responsibility to communicate with the vendor should any questions arise concerning that payment.

Vendor Invoice Date	Vendor Invoice Number	Description of Services or Product	Vendor Invoice Amount
Vendor Invoice Total			

Index	Fund	Org	Account	Prg	Budget Description	Amount
Total						

By my signature, I declare this invoice to be true and correct to the best of my knowledge, and I hereby certify that the items described on the attached invoice have been received and should be processed for payment.

Prepared By _____

Budget Unit Head _____

VP/President (if applicable) _____

Purchasing/Travel _____

Grants and Contracts (if applicable) _____

Accounts Payable _____