ST. CLOUD STATE UNIVERSITY
Payment Request Form

FY	Cost Center	Object Code	Amount

Quantity	Description of Payment Request	Unit Price	Total Price
	Special Instructions:		

SWIFT Vendor # or Tech ID:

Vendors Name:

Address:

City, State, Zip:

TOTAL: $

Responsible Person Signature:

Resp. Person Printed Name:

Date: _____

Dept: _____

Phone: _____

Business Services Use Only

Occurrence Date: _____

Vendor Invoice #: _____

Transaction #: _____

EFT _____ or Single Check

EFT #: _____

EFT Date: _____

EFT Fax: _____

Form PR 1400 – Updated 11-11