

FILLING OUT THE BANNER PAYMENT AUTHORIZATION:

Vendor Fed Tax ID/SSN:	Needed for individuals or Businesses
Date:	Date you prepared form
Name:	Vendor name
Address:	Must include city, state, zip
Mail check:	Check only will be mailed
Mail check w/attachments:	Attachments will be included with the check Please include envelope with attachments inside
Check will be picked up:	Check can be picked up from the Cashier
Amount:	Total to be paid
Charge to:	Index #
Purpose:	Briefly describe nature of purchase if there is no invoice for the BPA
Customer No.:	This is the customer # the Vendor has assigned
Invoice Number(s):	<u>List</u> invoice number(s) here so we can include them on explanation portion of warrant
Purchase Order Number(s):	If PO was used
Authorized Signature:	Person authorized to sign for department, etc.

The bottom portion of the form is usually completed by the Business Office.

Original itemized invoices must accompany the BPA.