Special	Check	Reason for Request					Т		
Handling Requested	Box	Dept Contact Name						for check pick-up at 221-	
cio				* Must provide copy of		UMENT	Disbursements		
	V	NILLIAM & MARY				IBER			
	Vo	Vendor Payment Request Form (VPRF)				TEXT			
	VE	Department				CESSED E		INITIALS	
VENDOR / PAYEE INFORMATION						Check appropriate box	ADDITIONAL PAY	MENT INFORMATION	
Purchase Order Number	Please check box at left if Acc Distribution changes are requ						<b>Direct Pay</b> (if not eVA exempt purchase, additional justification must be included)		
Banner ID Number	r ID			Distribution changes are rec	iuii cui			(if not eVA exempt purchase, additional luded)	
Name						Honorarium			
Doing Business As							Wire Request		
							Foreign Draft Re	equest	
Address							1099 Transaction		
				INVOICE INFO	RMATI	ON			
Invoice Nu	mber:					Amount:			
Date invoic	e was eived:					Payment			
Date goods						Due Date:			
Description									
paym	ent or								
Please		Remittance O	NLY when	required by Vendor. (Depar	tment mus	st provide copy)			
Remittance ONLY when required by Vendor. (Department must provide copy)    Prompt pay requires that invoices be paid within 30 days of receipt of goods or invoice, whichever is later.									
Indicate if:			equires that i	<u> </u>			or invoice, whicheve	er is later.	
Indicate if:		Prompt pay re	equires that i	<u> </u>	s of rece	ipt of goods ( BUTION		er is later.	
Indicate if:			equires that i	nvoices be paid within 30 day	s of rece	ipt of goods ( BUTION	or invoice, whichever	er is later.  Amount	
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Banner Account Distribution Vendor, Employee, Student		Index  US Source Ven Existing Vende	ndor or	NVOICES BE PAID WITHIN 30 day BANNER ACCOUNT ACCOUNT  VENDOR Foreign Vendor Foreign Source Income Services were provided in the	S of rece DISTRI	Vendor is US Citizen/L Scholarship Stipend / A Reimburser	a Student egal Resident / Fellowship wards / Prizes nent	Amount	
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Last Update: January 2019