

Mississippi University for Women

Direct Pay Form

Document # _____
(Comptroller's Use Only)

* Vendor #: _____

Name: _____

Address: _____

Invoice #: _____

Payment Due: _____

Description: _____

Fund	Organization	Account	Approved Amount
			\$
			\$
			\$
			\$
			\$
			\$
			\$
Total			\$

Special Instructions:

 Signature of Budget Manager

 Date

*Note: If this is a new vendor, make sure Purchasing has the vendor information to set up in Banner. If an individual, make sure Purchasing has