

[AP-9-Form-Instructions](#)

Complete this form as a fillable PDF. Select the instructions link before completing. Scan and email the form and expenditure documentation to [payables@txstate.edu](mailto:payables@txstate.edu).

**VENDOR INFORMATION**

Vendor Name \_\_\_\_\_ SAP Vendor Number: \_\_\_\_\_  
 Mailing Address \_\_\_\_\_  
 City, State & Zip \_\_\_\_\_

**PAYMENT INFORMATION**

Invoice Number \_\_\_\_\_  
 Purchase/Service Date \_\_\_\_\_

**ACCOUNT ASSIGNMENT**

Fund 9100001000 (AP Use Only)  
 Club Account Number \_\_\_\_\_  
 Club Name \_\_\_\_\_

**ALLOCATION**

Amount	GL Account	GL Account Description & Additional Information Request
\$ -	729900	Payment of Services, Honorariums, Speakers
\$ -	740600	Rental of Equipment
\$ -	747000	Rental of Space
\$ -	770001	Cash Awards / Prizes
\$ -	773000	Reimbursements, Supplies, Registrations, Travel, Cash Advances
\$ -	<b>TOTAL PAYMENT/REIMBURSEMENT</b>	

**PURPOSE OF PAYMENT: Describe who, what, why, where, when:**

**CHECK PICK UP CONTACT INFORMATION**

Contact Name : \_\_\_\_\_ Contact Number: \_\_\_\_\_

**REQUIRED APPROVALS - Note: If the payee is an officer with payment authority, a second officer's signature is required.**

Officer Name (Printed) \_\_\_\_\_ E-mail: \_\_\_\_\_  
 Officer Signature: \_\_\_\_\_ Date \_\_\_\_\_ Phone \_\_\_\_\_  
 Officer Name (Printed) \_\_\_\_\_ E-mail: \_\_\_\_\_  
 Officer Signature \_\_\_\_\_ Date \_\_\_\_\_ Phone \_\_\_\_\_  
 Advisor Name (Printed) \_\_\_\_\_ E-mail: \_\_\_\_\_  
 Advisor Signature: \_\_\_\_\_ Date \_\_\_\_\_ Phone \_\_\_\_\_