

Agency Fund Payment Request Form

Form AP-10

Scan and email completed form with invoices and/or receipts to Accounts Payable at payables@txstate.edu.

For Financial Aid payment request email the Scholarship Recipient List to scholarships@txstate.edu

VENDOR INFORMATION (Vendor no. is required for all payments. Generic vendor no. can be used on 773000 expense reimbursements only.)			
Payee Name _____	SAP Vendor # _____*		* _____
Mailing Address _____	Phone Number _____		_____
City, State & Zip _____	E-mail: _____		_____

PAYMENT INFORMATION	ACCOUNT ASSIGNMENT
Invoice Number _____	Fund _____
General Ledger # _____	Organization Name _____
	Cost Center _____

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
\$		Other expense not included above (Enter appropriate GL Account Number)
\$ -	TOTAL PAYMENT/REIMBURSEMENT	

PURPOSE OF PAYMENT: Describe who, what, why, where, and when. <i>Attach supporting documentation including receipts or invoices.</i>

For processing questions, contact:
Contact Person _____ Phone _____ E-mail: _____

REQUIRED APPROVALS
Acct Manager Name (Printed) _____ E-mail: _____
Acct Manager Signature _____ Date _____ Phone _____