

Ball State University Payment Request Voucher

Vendor Number _____

ORIGINAL

Payable To: Address: <input type="checkbox"/> Check will be picked up in the Accounting Office. <small>The check will be mailed or payment Direct Deposited unless this option is marked.</small>	Social Security, Tax ID or BSU ID Number
	This form must be in the Accounting Office 5 business days prior to the issuance of payment.
	Date Payment Required

Detail Description of Payment (Attach appropriate documentation, invoices, and/or receipts.)

BSU Account Title	10 Digit Account No	Amount
Total		

Prepared by (Required)	Date		
Signature – Department/Administrative Head (Required)	Date	Budget Office	Date
Signature – Dean/Vice President (if required)	Date	Approved	Date