Voucher No.	
Voucifer 140.	

Mississippi State University Foundation, Inc. Request for Payment

Payee IN:			Date: _	Total:		
(Identification Num	,			Prepared by:		
Payee Name: Address: City, State, Zip: Dept. Head:						
			Phone #:			
				Special Handling Requested:		
				☐ Department Will Pick Up Check		
Dept. Name:						
Mail Stop:						
Purpose of Exp	penditure:					
Fund	Orgn. Code	Prog. Code	Fund Description	Acct. Code Amount		
Department	t Signatures (two	signatures required if grea	ter than \$1000)			
Primary Signat	ture					
Approval Signa	nture			ructions: 1. Use one request per payee.		
Foundation	Signatures		3	 Keep a copy for your records. Send original to Foundation. Attach original statement of account, itemization, invoices, receipts, list of names of persons attending meals, itemize miles at allowable rate, 		
Director of Fina	ance and Budget			etc. to payment request and highlight or circle applicable amounts of each. 5. Check will be mailed directly to payee unless		
Chief Financial	Officer			special handling is checked above.		