EASTERN MICHIGAN UNIVERSITY

Please fill out **ALL** information and submit to the Accounts Payable Department for approval. If you have any questions, please call 734-487-0022 for assistance.

Vendor Name: Smart or Eagle ID:										
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Contact Person: Authorized Printed Name:			ed Printed Name:]						ontact Pers
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Date: Student Organizations (X funds) require two authorize	d signatures.	X funds) require two ar	dent Organizations							ate:
Accounting Signature:			ng Signature:	Ī						
Date:										
Invoices submitted for payments not in accordance with University polices will be considered a personal expense for the individual placing the or				L						

Invoices submitted for payments not in accordance with University polices will be considered a personal expense for the individual placing the order with the vendor and will not be paid.

Original invoice must be attached to this form. If you only have a statement, please contact the vendor and obtain an invoice.

* Whenever possible, employees are encouraged to use the University Purchasing Card.

* This form is only to be used if the department has received the merchandise and payment needs to be made. Valid for purchases of \$5,000 and under, which will not accept the University Payment Card and are not recurring.

* Does not apply to "X" funds.