

**EASTERN MICHIGAN UNIVERSITY
PAYMENT REQUEST**

(To be used for payments that cannot be paid through Banner)
(check one)

____ ACH
____ WIRE
____ Auto Debit

NOTE: REQUEST MUST BE IN ACCOUNTS PAYABLE NO LATER THAN 1:00 P.M.

PAYMENT DUE ON OR BEFORE: _____

VENDOR (Smart Id): _____

VENDOR NAME: _____

VENDOR ADDRESS: _____

PO# (if applicable) _____

Invoice # _____ Invoice Date _____

Description: _____

FOAPAL: _____ / _____ / _____ / _____ / _____ / _____
FUND ORG ACCT PROG ACT LOC

Amount: _____

IF NEW/UPDATED VENDOR ONLY:

Bank Name: _____

Bank Address: _____

Bank Account #: _____

Bank Routing #: _____

Prepared By: _____

Approved By: _____

Grant Approval (*if applicable*): _____

OFFICE USE ONLY:

Processor: _____ Date: _____

Approver: _____ Date: _____

Check # : _____