

**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: \_\_\_\_\_

**OFFICE USE ONLY:**

Processor: \_\_\_\_\_ Date: \_\_\_\_\_

Approver: \_\_\_\_\_ Date: \_\_\_\_\_

Check # : \_\_\_\_\_