

For Accounting Office Use Only:  
**MANUAL PAYMENT ONLY - DO NOT PRINT CHECK**  
PS Voucher ID # \_\_\_\_\_

**Required Reference Number:** W \_\_\_\_\_  
*Enter invoice number here.*  
*If no invoice number available, use* \_\_\_\_\_  
**Date:** \_\_\_\_\_

**Recipient Information (Individual/Company receiving funds)**  
PeopleSoft Vendor ID#: \_\_\_\_\_

**All fields below must be completed for the wire to be processed.**

Name on account receiving payment: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_

**Receiving Financial Institution Information**

Amount: \_\_\_\_\_  
**Financial Institution Name:** \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_  
Routing #: \_\_\_\_\_  
Account #: \_\_\_\_\_  
Reference info to accompany transfer: \_\_\_\_\_

**\* Documentation must be attached to verify the banking information above.**

DESCRIPTION of GOODS or SERVICES: explanation of payment (department is responsible to keep invoices and other supporting documents on file for five (5) years.)

Amount	Account	Fund	Dept	Program	Project
	Total				

I/we acknowledge receipt of the above stated goods and/or services and request that payment be made in the amount and manner indicated.

<b>Original Authorized Signature</b>	<b>Date</b>	<b>Additional Original Signature (if required)</b>	<b>Date</b>
Print Name: _____	_____	Print Name: _____	_____
Phone #: _____ Dept #: _____		Phone #: _____ Dept #: _____	
Dept Name: _____		Dept Name: _____	
Form Completed By: _____		Phone #: _____	

Please print this form.  
Route this form to :  
Accounting Office  
Old Main 11  
Phone (701) 231-7432  
Fax (701) 231-6194

When submitting the form please include the supporting documentation such as an invoice and payment instructions from the vendor.