

Use for the following payments:

- Capital Asset Payments
- IT Equipment tracked in Asset Mgmt
- Lease & Rent Payments
- Any other payment not entered on-line
- NDSU's TIN 45-6002439
- NDSU's Sales Tax Exempt Certificate #E-5411

For Accounting Use Only:
PS Voucher ID#:

Invoice Number: _____

If no invoice number available, use

☐ **Hold Check or ACH Remittance Advice - Contact When Ready:**

Name: _____ Phone: _____ Dept #: _____

☐ **Use Attached Envelope for Mailing:**

If you require the check to be mailed to a different address than the one listed below, attach an envelope to this form with the address printed on it.

☐ **Send Copy of Invoice with Check:**

If you require a copy of the invoice/remittance information to be included with the check, you must make the copy and attach it to this voucher.

Our office will not be responsible for making the copy.

Account # or Customer # on Invoice: _____ Invoice Date: _____

Supplier Information - REQUIRED

IRS Form W-8 required for all NEW Non-U.S. suppliers before payment is processed.

Supplier # or Empl ID: _____ **required for all NEW U.S. suppliers before payment is processed.**

Name: _____

Address1: _____

Address 2: _____

City: _____ State: _____ ZIP: _____

☐ Employee

☐ Student

☐ Non-Employee

Description of Good or Services (who, what, where, why and when):	Amount
Attach ORIGINAL documentation. For reimbursements, proof of payment is required.	Total: _____

Amount	Account	Fund	Dept	Program	Project
Total (The 2 "Total" amounts MUST equal each other. If they differ, it will be returned to the sender to be fixed.)					

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

Original Authorized Signature _____ Date _____

Print Name: _____

Phone #: _____ Dept #: _____

Dept Name: _____

Additional Original Signature (if required) _____ Date _____

Print Name: _____

Phone #: _____ Dept #: _____

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