

REQUEST FOR PAYABLES PROCESSING

Please fill out all information below and attach this cover sheet to applicable support documentation and email to: musharedservices@missouri.edu. For processing a payment request, requisition, etc.

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Dept Contact:			Date:	
Dept Name:			Phone:	
Dept Address:			Dept Ship to C	ode:
Supplier Name:			Supplier Ic	l: lease provide supplier's em
Supplier Address:				
			• • • • • • • • • • • • • • • • • • •	Custodian: dal PS account.
Amount:		PS Account:		
MOCODE:		*If split funded put am	nounts and MOCODEs in re	quest details
 Sole source for form. Competitive the University. Does this purchase results if yes, COLUMN 	e justification (SSJ) - Email Me bids or proposals are require require IT approval? JM & UMSYS you MUST con	u MUST have the following some MU Shared Services (mushared unless items/services are mplete the IT security & Refer Technology Purchase R	redservices@missouri.edu) e already on contract with quirements Questionnaire	
Request Purpose: In	nclude the "why" for the purc	hase		
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