



Faculty Student Association (FSA)
Payment Form

FSA Office Use Only
Check #: \_\_\_\_\_
Check Date: \_\_\_\_\_

Typed Forms Only: Submit completed form to Business Office: mail to MSC1219 or hand deliver to Student Center, Room 2-09. An advance copy by fax or scan/ eMail can initiate processing, but check will not be disbursed until fully signed hard copy is received.

DATE Prepared: \_\_\_\_\_ (Account Type:check one) FSA Direct Operation
FSA Trust and Agency (T&A)
FSA Student Activity Fund (SAF)

ORGANIZATION, DEPT.
or STUDENT COUNCIL NAME: \_\_\_\_\_

ACCOUNT NUMBER
TO BE CHARGED: \_\_\_\_\_ Account Title/Club Name: \_\_\_\_\_

TOTAL Check Amount: \_\_\_\_\_ CHECK PAYABLE TO (Payee Name): \_\_\_\_\_

check one: \_\_\_ PICK UP CHECK AT FSA OFFICE or \_\_\_mail check to:
1) Attach Original Invoice(s)
2) Attach Any/All Receipt(s) for Goods or Services
Address: \_\_\_\_\_
City, State, Zip: \_\_\_\_\_

PURPOSE: Must be a specific and clear description of this payment/ transaction. Attach any and all applicable supporting documentation, such as letters of explanation/ justification, invoices, meeting minutes, contract, etc.. Note: Advances, when approved, may be issued with receipts to be submitted. Failure to submit receipts will result in account being frozen.

Authorized Signature: \_\_\_\_\_ ORGANIZATION Title: \_\_\_\_\_
Print Name: \_\_\_\_\_

WHEN JOINT SIGNATURE IS REQUIRED BY ORGANIZATION:

Authorized Signature: \_\_\_\_\_ ORGANIZATION Title: \_\_\_\_\_
Print Name: \_\_\_\_\_

This section is for FSA OFFICE USE ONLY:

Table with 4 columns: ACCOUNT NUMBER, ACCOUNT TITLE, DEBIT, CREDIT