

Texas State University is a member of the Texas State University System

SECTION I - Contract & Purchase Order No. (if applicable) Contract No.: PO No.:

SECTION II - VENDOR INFORMATION (Complete all information. Ensure the name and address match the SAP vendor record.)

SAP Vendor No.: Vendor Name:

Company Name (if different):

Mailing Address:

City: State: Zip: Country:

Phone No.: Email Address:

SECTION III - RECEIVED DATE: Enter the date this form was first received by the university. Received Date:

SECTION IV - DESCRIPTION OF SERVICES: Enter the complete description of work performed.

SECTION V - WORK PERFORMANCE DATES: Enter dates of work performed including start and end dates.

Start Date: End Date: FINAL PAYMENT: YES NO

SECTION VI - SPECIAL PAYMENT INSTRUCTIONS: If expenses exceed the amount encumbered on the PO, you will have to adjust the PO and then indicate the distribution below is additional funding is added. Note: Complete this section on the form for a PO. If paying via e-NPO, then you will enter the information on the e-NPO.

Instructions:

(6 digits) GL Account	(10 digits) Cost Center	(10 digits) Fund	(10 digits) Internal Order	Payment Amount
				\$
				\$
201201	Blank	9001421000	Blank	
				Taxes Withheld (if applicable):
				TOTAL TO BE PAID: \$

If a check is requested for payment of services due on the day of performance, it will be picked up at the Student Business Service Office at JCK Room 188 by designated university staff. Enter the name and telephone number of the person picking up the check. See FSS/PPS: 03.12 for reference.

Name and contact no. for pick up: AP Approval:

SECTION VII - CONTRACTOR AGREEMENT

I understand that I cannot claim reimbursement for services while on regular duty for Texas State University. I understand that these payments are reportable to the IRS. Texas State University is bound by State, Federal, and TSUS rules and regulations as well as the Prompt Payment Act of the State of Texas in regards to this payment. When services are with the scope of the employee's job duties, payment will be made via PCR. See UPPS 03.04.01 sec 05.

CONTRACTOR SIGNATURE: DATE:

SECTION VIII - REQUESTOR CONTACT INFORMATION

Requestor's Name: Department:

Telephone No: Email:

SECTION IX - APPROVALS - Signature approvals are required unless processed via e-NPO. Approvals will be obtained through the workflow process for the e-NPO.

SIGNATURE PRINTED NAME DATE:

ACCOUNT MANAGER:

OSP (Required for Grants):

PROCUREMENT AND STRATEGIC SOURCING:

Contacts Office Use Only:

Approver's Initials: Non-Employment Verification: YTD Spend: Date:

Notes: