KANSAS STATE | College of Agriculture | Department of Agrono

Department of Agronomy Accounting Office

THIS FORM NOT USED FOR EMPLOYEE TRAVEL

Email completed form and supporting documentation to:

agrbus@ksu.edu

Type of Payment A	ccount/Fund: KSU	Foundation Non-Foundation (APV/ Agency Payment Voucher)
Purchasers Name _		
Faculty's name resp	oonsible for account:	
Account/Fund num	ber for payment:	Date of Invoice:
Total amount to b	e paid: \$	Invoice or Customer #:
Payee Name/Vend	or to be paid:	Payee Title:
Purpose/description	on of purchase (brief)	
New Vendor?	_NoYes (comp	pleted W-9 attached) if yes, also need the following;
Remit to address (c	only if different from invo	pice/statement):
City:	State:Ziŗ	o:
Type of Reimburse	ment:	
Personal Rei	mbursement – signed itemi	zed receipts attached, include names of attendees when applicable.
Miscellaneou	IS — attach itemized receipts of	all expenses; include names of attendees when applicable.
Other – attach	itemized receipts of all expense	es, include names of attendees when applicable.
		intended use please explain how it is being used to benefit