

Quick Guide of Payment Authorization Form Instructions

Box 1 (Payee WKU ID Number) – Enter 800#. Payee Name and Address will auto-populate when the Validate button at the bottom of the form is selected.

Box 2 (SSN/TIN) - If there is not an existing 800# for the payee in Banner, enter Social Security Number or Taxpayer ID – be sure to attach a W9 to the PA

Box 3 (Make Changes to the Payee Name) – Check when using a SSN or TIN when a payee has a name change (example: a marriage).

Box 4 (Make Changes to the Payee Address) – Check when using a SSN or TIN or when there is a new address for an existing payee

Box 5 (Index/Fund) – Select the radio button beside either Index or Fund, whichever the payment is to be charged against. Type in the Index or Fund number.

Box 6 (Commodity Code/Account Code) – Select the radio button beside either **Commodity Code** or Account Code – **in most cases this should be a commodity code**, and if a Commodity Code exists for the expense, please use the drop down box to select it.

Box 7 (Amount) – Type in the payment amount.

Box 8 (Description Date – Invoice # - Credit Memo) – Type in a description of the expense, the invoice number and the date of the expense.

Box 9 (Quantity) – Enter the amount ordered.

Box 10 (Unit) – Use the drop down box to select the unit type

Box 11 (Unit Price) – Type in the unit price

Box 12 (Total) – This will populate when the Validate Form is clicked

Box 13 (Total at top of form) – This will populate when the Validate Form is clicked and should always match what is in Box 14

Box 14 (Total at bottom of form) – This will populate when the Validate Form is clicked and should always match what is in Box 13

Box 15 (Prepared by WKUID) – Enter your 800#. Name, Department and Date will populate when the Validate Form button is clicked.

Box 16 (PA Number) – This will populate in the top right and bottom corner of the form once the Validate Form button is clicked.

Box 17 (Net Amount) – This will populate when the Validate From button is clicked.

Check to see if there are any “Please Correct the Following” messages at the top of the form. If not, print out two copies of the form. Retain one for your departmental copy and submit one to Accounts Payable along with the back-up documentation and the appropriate signatures. One of the signatures must be the department head or the person responsible for the Index or Fund listed. (*If a Grant Index is used, there will be an additional signature line for Grant Accounting. If Citizenship value of N or NR is generated, there will be an additional signature line for Tax Compliance. If Commodity Code 347000 is used, there will be an additional signature line for Controller. All tuition reimbursements should also be sent to the Controller’s Office for approval.)

*****Use the Reset Form button located at the bottom of the form to start on a new PA. It is very important that you do this so a new PA Number will be assigned.**

INSTRUCTIONS

- Only one payee per document. This form is for payments of less than \$2,000 only. Enter a requisition in TopShop if equal to or greater than \$2,000.
- Form W9 must be attached for payment to individuals and companies for 1099 reportable payments.
- Approved Contractor Status Form needed for Service for Individuals.
- Retain Departmental copy, send the other 2 copies to Accounts Payable for payment. (Minimum 48 hrs prior to when check is needed.)
- If the system generated citizenship value is N or NR, refer the completed and approved payment authorization request form to the Tax Compliance Accountant - David Lewis.

Payee WKU ID Number: <input type="text" value="1"/>	* Mailing address will default when "Validate Form" is clicked. If changes are needed, check the box next to "Make changes to payee address."		
SSN/TIN: <input type="text" value="2"/>			
Payee Name:	<input checked="" type="radio"/> Index <input type="radio"/> Fund <input type="text" value="5"/>	<input checked="" type="radio"/> Commodity Code <input type="radio"/> Account Code <input type="text" value="6"/>	Amt: <input type="text" value="7"/>
Street Address:	<input checked="" type="radio"/> Index <input type="radio"/> Fund <input type="text"/>	<input checked="" type="radio"/> Commodity Code <input type="radio"/> Account Code <input type="text"/>	Amt: <input type="text"/>
Street Address, Line 2:	<input checked="" type="radio"/> Index <input type="radio"/> Fund <input type="text"/>	<input checked="" type="radio"/> Commodity Code <input type="radio"/> Account Code <input type="text"/>	Amt: <input type="text"/>
City, State, and Zip:	<input checked="" type="radio"/> Index <input type="radio"/> Fund <input type="text"/>	<input checked="" type="radio"/> Commodity Code <input type="radio"/> Account Code <input type="text"/>	Amt: <input type="text"/>
<input type="checkbox"/> Make changes to the payee name. <input type="text" value="3"/> <input type="checkbox"/> Make changes to the payee address. <input type="text" value="4"/>	<input checked="" type="radio"/> Index <input type="radio"/> Fund <input type="text"/>	<input checked="" type="radio"/> Commodity Code <input type="radio"/> Account Code <input type="text"/>	Amt: <input type="text"/>
Total:			\$ <input type="text" value="13"/>

Description - Date - Invoice No Credit Memo	Quantity	Unit	Unit Price	Total
<input type="text" value="8"/>	<input type="text" value="9"/>	<input type="text" value="10"/>	\$ <input type="text" value="11"/>	\$ <input type="text" value="12"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>

Total Amount: \$

Net Amount: \$

CERTIFICATION and AUTHORIZATION FOR PAYMENT

I hereby certify that the materials and/or services detailed in this document and attachment thereto have been received and inspected, that the quantities or services received were as stated herein and that the condition was satisfactory except as otherwise noted above.

Recommended for Payment by _____ Phone _____ Date _____

Approved by _____ Date _____

Prepared by (WKUID): <input type="text" value="15"/>	Name:	Department:	Date:	<input type="text" value="16"/>
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