

SAMPLE OF NEW CCRI PAYMENT ORDER FORM FOR AGENCY ACCOUNTS

<p>1. <input type="checkbox"/> Mail Payment <input type="checkbox"/> Pick up <input type="checkbox"/> College Credit Card: _____ <small>(Name of Credit Card)</small></p> <p style="text-align: center;">Community College of Rhode Island Payment Order</p> <p>2. <input type="checkbox"/> Lincoln <input type="checkbox"/> Newport <input type="checkbox"/> Providence <input type="checkbox"/> Warwick</p> <p>3. Fund Name: _____</p> <p>4. Vendor name: _____</p> <p>5. C/O: _____</p> <p>6. Street: _____</p> <p>7. City/Town: _____</p> <p>8. State: _____ Zip Code: _____</p> <p>11. Banner Fund No. _____ Banner Account Code _____ Amount \$ _____</p> <p>I (We) herby authorize payment:</p> <p>14. 1. _____ 15. 2. _____ 16. 3. _____ 17. 4. _____</p> <p style="text-align: center;">5. _____ Special Authorization (i.e. IT Department Approval)</p> <p style="text-align: center;"><small>A W-9 Form must be attached to the initial payment order for all new vendors. The original copy of the vender invoice must be attached to the payment order. Keep a copy for your records.</small></p> <p>Date Paid: _____ Check No. _____ Banner Invoice No: _____</p>	<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto;"> No. OSL </div> <p>Date: _____</p> <p>9. Banner Vendor No. _____</p> <p>10. Purpose: _____</p>
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1. Indicate for mail, pick up (at the Bursar's Office) or to be or paid on a college credit card purchase.
2. Choose your campus.
3. Fund Name as listed in our Banner system (usually club/organization name)
4. Name of the Vendor for who the payment is being issued to.
5. C/O stands for "Care of". For a specific person who should be receiving the payment.
- 6-8. The address of the vendor or where it should be mailed. Please note, that even though the payment may not be mailed, an address is still required.
9. Please leave this blank for accounting to fill in.
10. Describe EXACTLY the purpose of the payment. Payment orders will not be processed if a sufficient description is not provided. Attach a letter if not enough space to describe.
11. Banner Fund number of your club/organization.
12. List the Banner Account code (Ex. 714030: Office Expenses)
13. The exact amount that the payment order is for excluding taxes. Please attach all **original** receipts and invoices for payment. Expenses for events, travel, and reimbursement must be including along with the pre-approval Form.

14. (Line 1): Signature of an Officer of the club/organization or other representative of the agency account
15. (Line 2): Signature of the club/organization Advisor or representative of agency account.
16. (Line 3): Signature of the Associate Dean of Student Life.

(You do not need to have this signed prior to handing it in to the Office of Student Life)

17. (Line 4): Accounting line is for the Controller's office to approve the payment order to be processed.

(You do not need to have this signed prior to handing it in to the Office of Student Life)

SAMPLE