EXAMPLE NEW CCRI PAYMENT ORDER FORM FOR AGENCY ACCOUNTS

 Lincoln Newport Providence Warwick 20 Date: 11/13/2012 Fund Name: Student Covernment Vendor Name: W. B. Mason Banner Vendor No. Sco: Sava Tanu Purpose: Stapler, Pens, Paper, Lominate State: RI Zip Code: 02410 Banner Fund No. \$4W9499 (1) Banner Account Code 714030 (1) Amount \$ 56.294 I (We) hereby authorize payment: Student Rep/Other Agent Advisor/Authorized Agent A W-9 Form must be attached to the initial payment order for all new vendors. The original copy of the vendor invoice must be attached to the payment order. Keep a copy for your records. 	$(1) \square Mail Payment \square Pick Up (College Credit Card: Dean Christin 5(hKins)(Name of Credit Card)Community College of Rhode IslandPayment Order$
Vendor Name: Wendor Name: W. B. Mason C/0: Sava Tane Street: 100 Specence St. City/Town: Quadrag State: RI Zip Code: O2 910 (1) Banner Fund No. State: RI (2) Code: O2 910 (1) Banner Fund No. State: RI (2) Code: O2 910 (1) Banner Fund No. State: RI (2) Code: O2 910 (1) Banner Fund No. State: RI (2) Code: O3 910 (1) Banner Fund No. State: RI (2) Code: O3 910 (1) Banner Fund No. State: RI (2) Code: O3 910 (1) Banner Fund No. State: RI (2) Code: (2) O3 910 (3) Amount \$ (5) O3 910 (3) Amount \$ (5) O3 910 (4) D3 0 (3) Amount \$ (5) O3 910 (2) O3 910 (3) Amount \$ (5) O3 910 (4) Dag (5) Dag (2) O3 910 (2) O3 910 (3) Amount \$ (5) O3 910 (4) Dag (5) Dag (5) O3 910 (6) State (7) Dag <th></th>	
$ \begin{array}{c} \hline & C/0: \\ & Street: \\ & UO \\ & Street: \\ & UO \\ & Street: \\ & UO \\ & Street: \\ & City/Town: \\ & Oughog \\ & State: \\ & RI \\ \hline & Zip Code: \\ & Odd 910 \\ \hline \\ \hline & Banner Fund No. \\ & State: \\ & RI \\ \hline & Zip Code: \\ & Odd 910 \\ \hline \\ & \hline & Daper, \\ & Lominate \\ \hline & Daper, \\ \hline & Lominate \\ \hline & Lominate \\ \hline & Daper, \\ \hline & Lominate \\ \hline & Lom$	(3) Fund Name: Student Government
A W-9 Form must be attached to the initial payment order for all new vendors. The original copy of the vendor invoice must be attached to the payment order. Keep a copy for your records.	Sc/0: <u>Sava Janu</u> Street: <u>100 Spooner St.</u> City/Town: <u>Qualitag</u> State: <u>RI</u> Zip Code: <u>02910</u> (1) Banner Fund No. <u>\$4W999</u> (3) Banner Account Code <u>714030</u> (3) Amount \$ <u>56.29</u>
	A W-9 Form must be attached to the initial payment order for all new vendors.

- **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.
- 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 campus 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)