

REQUEST FOR RECURRING ACH PAYMENTS



Accounts Payable

FUNDS COMMITMENT INFORMATION

Purchase Order Number

LEASE / CONTRACT INFORMATION

Vendor # / Vendor Name

Department

Contact

Phone Number/E-mail

TERMS AND CONDITIONS

1. Validity Dates Beginning Date: _____ Ending Date: _____

2. Monthly Payment Amount _____

3. Payment Due Date 1st of each month

FULLY EXECUTED CONTRACT MUST BE ATTACHED.

COST ALLOCATION

Provide the funding source(s) where the recurring payments will be posted. The funding and amounts (percents) must be consistent to ensure the smooth flow of this process.

| Fund | Organization | Account | Program | Amount | | |
|------|--------------|---------|---------|--------|--|--|
| | | | | | | |
| | | | | | | |

PRIOR YEAR ENCUMBRANCE

Complete this field if renewing your funds commitment for the new fiscal year or if terminating this contract.

If all payments have been processed, can Purchasing close out any prior year/remaining encumbrances? Yes No

AUTHORIZATION

This authorization approves the creation of a funds commitment for the remainder of the fiscal year, and the automatic processing of recurring payment by Accounts Payable. The account manager accepts responsibility to notify Purchasing and Accounts Payable any contract and payment changes to ensure proper payments are made to the applicable vendor.

Dean/Executive Director Date Approval Yes No

Office of Research and Financial Services (Grant Funds Only) Date Approval Yes No

Jim McShan, VP, CFO (Payments over 25k) Date Approval Yes No

Dr. John M. Rudley, President (Payments over 25k) Date Approval Yes No