

Special Handling Request

PSU INVOICE NUMBER _____

VENDOR NAME: _____

DEPARTMENT: _____

CONTACT NAME: _____ Extension: _____

(Authorized to pick up check)

DEPARTMENTS MUST CHANGE STATUS INDICATOR TO "1"

Options (*check only one box*):

Mail attached items with check (*Please staple pages you want mailed to this form*)

We are required to keep the original Vendor Invoice in our files for our auditors. The invoice should include: Vendor Name as it is in Banner, PSU Invoice Number, Index Code, Account Number, and Payment Amount.

OR

Approved Business reason for check pickup

Vendor contract requires payment at time of service

OR

Request approval for other business reason (*Please explain in detail below*)
