



University Shared Services

REQUEST FOR PAYABLES PROCESSING

Please fill out all information below and attach this cover sheet to applicable support documentation and email to: musharedservices@missouri.edu. For processing a payment request, requisition, etc.

Dept Contact:

Date:

Dept Name:

Phone:

Dept Address:

Supplier Name:

Supplier ID:

Supplier Address:

Amount:

PS Account:

MOCODE:

*If split funded put amounts and MOCODEs in request details

Does this purchase exceed \$10,000? If yes, you **MUST** have the following submitted with payment request:

- Sole source justification (SSJ) - Email MU Shared Services (musharedservices@missouri.edu) for form.
- Competitive bids or proposals are required unless items/services are already on contract with the University.

Does this purchase require [IT approval](#)?

- If yes, COLUM & UMSYS you MUST complete the [IT security & Requirements Questionnaire \(ITSRQ\)](#).
- If yes, for UMSL, you MUST complete the [Technology Purchase Request](#) (UM Policy 12004).

Request Details:

Request Purpose: Include the "why" for the purchase