



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, JE, etc.

Dept Contact:

Date:

Dept Name:

Phone:

Dept Ship
Location:

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:

- Department fiscal approval
- Sole source justification (SSJ) form for purchases that exceed \$10,000 and are not covered by a bid or contract. -Email MU Shared Services for form.

Is this purchase information technology (IT) and telecommunications (Telecom) products, services and systems that are vital to the University teaching, research and business activities? If yes, need IT approval. IT Security & Requirements Questionnaire (ITSRQ) – Please contact your [Information Security Officer](#)

Request Details:

Request Purpose: Include the "why" for the purchase