

**KEENE STATE COLLEGE
DIRECT PAY COVERSHEET**

Banner Inv No. _____ Originator Name: _____

Vendor Name: _____

Scheduled
Check Date: _____ Payment Total \$ _____

Choose Disbursement Option Hold check for pick up email _____ [.@keene.edu](mailto:_____@keene.edu)
 Mail check
 Enclosure

Attach original documentation and mail with coversheet to accounts payable MS1603.

For Purchasing Use Only
Reviewed By:

For Accounts Payables Use Only
Approved By:

revised 2/2006 SAF

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