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
☐ Mail check
☐ Enclosure

Attach documentation. Send w/coversheet to Purchasing MS1601 for approval then to Accts Payable.

For Purchasing Use Only
Reviewed By: ________________________________

For Accounts Payables Use Only
Approved By: ________________________________

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revised 2/2006 SAF