

REQUIRED FIELDS FOR INTERNAL USE/WTAMU STAFF SUBMITTING PAYMENT:

Vendor employment status within the past year (verify in Workday):

- Yes → STOP. Route through Payroll
- No → Continue

W-9 / W-8 on file with the University:

- Yes → Continue
- No → Send W-9 to purchasing@wtamu.edu before submitting invoice

Was a PO in place prior to services being rendered?

- Yes → Continue
- No → Complete Unauthorized Purchase Form and attach before submitting this invoice

Any Questions Regarding any of these questions/forms can be directed to Purchasing@wtamu.edu



INVOICE

INVOICE: _____

DATE: _____

FOR USE OF PERFORMERS/ INDEPENDENT PARTY CONTRACTORS

Vendor Information

Vendor Name: _____

Remittance Address: _____

_____ City: _____

State: _____

Zip: _____

Phone: _____

Fax: _____

Required Field:

Payment will be made at or near the time of engagement.

Yes - By checking this box, you acknowledge that if the vendor fails to provide the services outlined in the IPC to the expected standard, or does not show up, you are responsible for returning the payment to the Business Office.

No - The vendor prefers to mail check/ACH

PO#: _____

BILLED TO:

WTAMU
2403 Russell Long Blvd
Canyon, TX 79016
Phone: (806) 651-2105

DESCRIPTION	QUANTITY	UNIT PRICE	AMOUNT
Total amount			

Make all checks payable to _____