

Payment Request

Mississippi State Department of Health

P. O. Box 1700

Jackson, Mississippi 39215-1700

Payee: _____ Date of Voucher: _____ Fiscal Year _____

_____ Authorized By: _____

_____ Name of Unit: _____

Date	Description	Amount

Total:

Certification of Receiving

The above described materials and/or services have been received and/or performed; are satisfactory and up to specifications; and the amount indicated is hereby recommended for payment:

For grantor payments: I hereby certify that the above payment has been verified and is due, correct, and has not been paid previously. This payment is being made in accordance with the provisions of the grant and satisfies all statutory requirements governing this payment. All agency required supporting documentation associated with this request is maintained at the agency.

(Signature)

(Date)

Cost Center (10)	Functional Area (16)	Internal Order (10)
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Accounting Office Approval

The above named person or vendor is entitled to payment for the above described materials and/or services:

(Signature)

(Date)

(Treasury Fund)	(GL Code)
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Instructions:

1. To request payment with order, attach Purchase Request.
2. To request payment of an invoice < \$250, attach invoice.
3. To request payment of periodic invoices, attach invoice.
4. Complete upper portion of form and the Certification of Receiving.
5. Send the original with required attachments to the Office of Finance & Accounts.

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PAYMENT REQUEST

Form #13 & 13E

(Form 13E is located on the Intranet at Forms/Finance & Accounting)

PURPOSE

To validate the receipt of goods or services rendered for which a purchase order has not been issued and to request payment thereof. This form should not be used to initiate purchases requiring a purchase order.

INSTRUCTIONS

Payee: Individual or organization, the vendor of goods received, or services rendered. Enough information (name and address) should be entered in the space provided to ensure identification of vendor and delivery of warrant or e-payment. Use one form for each vendor or payee.

Date of Voucher: Enter date this form is completed, not the invoice date.

Fiscal Year: Enter the fiscal year in which the expense was incurred. Pay close attention during the months of July and August to indicate the appropriate fiscal year since payment can be made from two (2) fiscal years during this time period.

Authorized by: The person authorizing payment for goods or services rendered.

Name of Unit: Enter the unit name which received the goods or services. If the receiver is not the same as the organization indicated, the manager of the receiving organization should co-sign the form.

Body of the Form: The body of the form can be used to describe the invoice from the vendor for payment. If there are multiple invoices from the vendor, a separate payment request is required for each invoice. List the date, description of items or service, invoice number and amount of each item. If multiple funding sources are needed to pay the invoice, the cost center, functional area and internal order number can be included in this section.

Certification of Receiving: A signature certifies you have received the goods and/or services from the vendor and payment should be made. For grantor payments, a signature certifies the payment is being made in accordance with the provisions of the grant and that all agency required supporting documentation is being maintained. This is an auditable document and diligence should be made to having sufficient documentation of the services performed.

Cost Center / Functional Area / Internal Order: These codes reflect where the expenses should be paid. If the expense is to be paid from another organization, the manager of the paying organization should sign the “authorized by” section of the form.

Accounting Office Approval: Finance and Accounts approval for payment of goods and/or services.

Treasury Fund and General Ledger Code: To be completed by Finance and Accounts office.

OFFICE MECHANICS AND FILING

To request payment of an invoice, the upper portion and Certification of Receiving of the *Payment Request* are completed and the invoice to be paid is attached. The white copy with the required attachments is forwarded to Finance and Accounts. The originator places the yellow copy in a pending file by fiscal year and date for monthly reconciliation of payments charged to the organization's budget.

When requesting prepayment of an order, a *Payment Request* and *Purchase Request* are completed and forwarded together to Purchasing.

RETENTION PERIOD

Each *Payment Request* is retained by Finance and Accounts for three (3) years after release of audit reports.

Revised 03/03/2020