

Guidelines to Completing Forms

Special Payment Authorization (SPA - Form 102A)

Wayne State University
Detroit, MI 48202

Special Payment Authorization (SPA) **S 000000**

1 CONTACT PERSON: Mary Initiator DATE: 9/15/2009

2 BANNER VENDOR NO. (REQUIRED): 000123456 DEPARTMENT: Chemistry TEL. EXT.: 7-9999

DEPARTMENT ADDRESS / EMAIL: 5101 Cass, Rm 141, Chem Bldg

DATE STAMP (Disbursements Use Only): XYZ Company

MAILING ADDRESS (NON-CAMPUS): 1234 Woodward Ave

CITY: Detroit STATE: MI ZIP: 48202

3 DOCUMENT NO. (See Only): 1-23-4567 INVOICE DATE: 8/23/2009

4 PAYEE CERTIFICATE: I hereby certify that: in fact the Payee named and that I have not previously submitted a claim for payment covered by this voucher and that I have not been paid previously for part or in full of same.

4b AUTHORIZED OFFICIAL: _____

THIS DOCUMENT MUST BE ACCOMPANIED BY THE ORIGINAL INVOICE.

Payment of fees charged for _____ of chemicals sent from China to Professor _____'s lab, #000, Chemistry Bldg.

Customs Dury Charges	\$22.75
Advancement Fee	\$ 5.00
TOTAL	\$27.75

NOTE: Include any comments or special instructions

S 000000 Distribution/Enclosure Code: B Encumbered by: *Mary Encumbrance* Date: *9-17-09*

INDEX	FUND	ORGANIZATION	ACCOUNT	PROGRAM	ACTIVITY	LOCATION	AMOUNT
176312	11E783	12FP	729	16			\$22.75
176312	11E783	12FP	7215	16			\$ 5.00

Signature: *Authorization Signature 9-17-09* DATE: 9-17-09

IMPRINT DEPARTMENT AUTHORIZATION CARD DISBURSEMENTS DEPARTMENT

Department Responsibilities

- Complete Department Contact information:
 - Contact Person name and the current Date
 - Department Name and Phone Number
 - Department Address/Email information
- Complete Payee/Vendor information
 - Payee's assigned Banner Vendor No.
 - Payee Name/Vendor
 - Payee's Mailing Address
 - Payee's City, State and Zip Code
- Enter the vendor's invoice number and invoice date if applicable
(Attach invoice to the SPA)
- Have the Payee sign in the Payee Certification area of the SPA.
 - If the payee is a vendor no Payee Certification or Authorized Official signature is required.
 - If payee's signature cannot be obtained, payment can be authorized by the appropriate Departmental Representative signing and dating in the "Authorized Official" section.

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WAYNE STATE UNIVERSITY Detroit, MI 48202		Special Payment Authorization (SPA)		S 000000			
BANNER VENDOR NO. (REQUIRED) 000123456		CONTACT PERSON Mary Initiator		DATE 9/15/2009			
PAYEE NAME / VENDOR XYZ Company		DEPARTMENT Chemistry		TEL. EXT. 7-9999			
MAILING ADDRESS (NON-CAMPUS) 1234 Woodward Ave		DEPARTMENT ADDRESS / EMAIL 5101 Cass, Rm 141, Chem Bldg		Request for Waiver of Payee Certificate (subject to approval by Fiscal Agent) in absence of the original signature of the Payee. I hereby certify that this payment is for a proper and legitimate liability of Wayne State University and, therefore, authorize the mailing of this check directly to the Payee's home address.			
CITY Detroit		STATE MI		ZIP 48202			
INVOICE NO. 1-23-4567		PAYEE CERTIFICATE - I hereby certify that I am in fact the Payee named and that I have not previously submitted a claim for payment covered by this voucher and that I have not been paid previously for part or in full of same.		AUTHORIZED OFFICIAL:			
INVOICE DATE 8/23/2009		PAYEE (MUST SIGN IN INK)		DATE			
THIS DOCUMENT MUST BE ACCOMPANIED BY VENDOR'S ORIGINAL INVOICE.							
Payment of fees charged for receipt of chemicals sent from China to Professor John Doe's lab, #000, Chemistry Bldg.							
Customs Dury Charges \$22.75 Advancement Fee \$ 5.00							
NOTE: Include any comments or special instructions							
S 000000		Distribution/Enclosure Code B		Encumbered by Mary Encumbrance			
				Date 9-17-09			
				TOTAL \$27.75			
ACCOUNT DISTRIBUTION / ENCUMBANCE CODE INFORMATION (MUST BE COMPLETED BY DEPARTMENT)							
INDEX	FUND	ORGANIZATION	ACCOUNT	PROGRAM	ACTIVITY	LOCATION	AMOUNT
176312	11E783	12FP	729	16			\$22.75
176312	11E783	12FP	7215	16			\$ 5.00
AUTHORIZATION SIGNATURE <i>Authorization Signature</i>		DATE 9-17-09					
SIGNATURE IMPRINT DEPARTMENT AUTHORIZATION CARD							

Department Responsibilities

- Complete Description of the Commodities or Service
 - Enter a description for each Commodity (*description should be detailed enough for auditors to readily ascertain payment constitutes University expense*)
 - Complete the Quantity, Unit and Unit Price when applicable
 - Enter the Amount for each commodity or service
 - NOTE any comments or special instructions
 - Enter the Total Amount of all the commodities or services
- Enter the Distribution/Enclosure Code (*see back of SPA form for code listing*)
- Emboss the account authorization card on the SPA and sign and date
- Forward SPA and all supporting documentation to Dean or Director for approval

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WAYNE STATE UNIVERSITY
 Detroit, MI 48202

Special Payment Authorization (SPA) S 000000

CONTACT PERSON: Mary Initiator DATE: 9/15/2009

BANNER VENDOR NO. (REQUIRED): 000123456 DEPARTMENT: Chemistry TEL. EXT.: 7-9999

PRIVILEE NAME / VENDOR: XYZ Company DEPARTMENT ADDRESS / EMAIL: 5101 Cass, Rm 141, Chem Bldg

MAILING ADDRESS (NON-CAMPUS): 1234 Woodward Ave REQUEST FOR WAIVER OF PAYEE CERTIFICATE (subject to approval by Fiscal Agent) in absence of the original signature of the Payee, I hereby certify that this payment is for a proper and legitimate liability of Wayne State University and, therefore, authorize the mailing of this check directly to the Payee's home address.

CITY: Detroit STATE: MI ZIP: 48202 AUTHORIZED OFFICIAL:

INVOICE NO.: 1-23-4567 PAYEE CERTIFICATE - I hereby certify that I am in fact the Payee named and that I have not previously submitted a claim for payment covered by this voucher and that I have not been paid previously for part or in full of same.

INVOICE DATE: 8/23/2009 PAYEE: (MUST SIGN IN INK) DATE: (MUST SIGN IN INK) DATE:

THIS DOCUMENT MUST BE ACCOMPANIED BY VENDOR'S ORIGINAL INVOICE.

Payment of fees charged for receipt of chemicals sent from China to Professor John Doe's lab, #000, Chemistry Bldg.

Customs Dury Charges \$22.75
 Advancement Fee \$ 5.00

NOTE: Include any comments or special instructions

S 000000 Distribution/Enclosure Code: B Encumbered by: Mary Encumbrance Date: 9-17-09 TOTAL \$27.75

ACCOUNT DISTRIBUTION / ENCUMBRANCE CODE INFORMATION (MUST BE COMPLETED BY DEPARTMENT)							
INDEX	FUND	ORGANIZATION	ACCOUNT	PROGRAM	ACTIVITY	LOCATION	AMOUNT
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Signature: *Authorization Signature* DATE: 9-17-09

102A (4/09) DISBURSEMENTS DEPARTMENT

Department / Dean or Director Responsibilities

9. Review SPA for accuracy and completeness:
 - a. Approve SPA by signing and forwarding to Disbursements
 - b. If not approved return to traveler with an explanation of corrective action
10. If SPA is approved, enter the encumbrance into Banner and record the encumbrance information (Index, Fund, Organization, Account and Program) on the SPA
11. Identify the person who entered the encumbrance and the date
12. Forward approved White copy of the SPA and all supporting documents to Disbursements, the Green copy of the SPA is retained by the Department