PLYMOUTH STATE UNIVERSITY
Of the University System of New Hampshire

ONE TIME VENDOR FORM

DATE: ________________

CHECK PAYABLE TO:

NAME _______________________________________________________

ADDRESS _______________________________________________________________________________________

PURPOSE FOR CHECK: _______________________________________________________

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PLEASE ATTACH APPROPRIATE BACKUP INFORMATION

DOCUMENT NUMBER __________________________ AMOUNT __________________________

AUTHORIZED NAME AND SIGNATURE __________________________ DEPARTMENT/EXTENSION __________________________

ACCOUNTS PAYABLE APPROVAL __________________________ CHECK DUE DATE __________________________

RETURN THIS COMPLETED FORM TO ACCOUNTS PAYABLE, MSC #13 FOR PROCESSING