MISSISSIPPI STATE UNIVERSITY REQUISITION

MEMBERSHIP RENEWAL

| PAGE of | f | | | | | | N | O: Automatic | |
|---------------------------------|--------|--|---|--|--|-----------------------------------|--------------------|--------------|-------|
| SUGGESTED VENDOR: | | | | | | SHIPTO: | | | |
| VENDOR NUMBER | | | | | | [key your department ShipTo code] | | | |
| VEN VEN [Note: select the | | ATE ZIP emit address | ; often not | | t address] formation at end of Iten | n Text and ven | dor file will be u | pdated.] | |
| | TERMS: | | | FOB: | | | BEST WAY | | |
| BID BY: | | | | | STATE CONTRACT | | | | |
| | - | | ION | | | | UNIT PRICE | | RICE |
| 1 YR | | and Technic for the period Membershi | p Renewal to cal Education od July 1, 20 p for: [men | to the Asso on 003 throug nber name | ociation for Career gh June 30, 2004 e], institutional represen mber: [if available] | | 25.00 | | 25.00 |
| NI. | | P&C: Hold | l for membe | ership forn | n | | | | |

Notes:

Since a Prepay causes a check to be issued, the following information must be provided to the Purchasing Agent before a purchase order can be issued:

- --attachment such as invoice, membership renewal form, order form, etc.
- --vendor information and remit address on the attachment must match the Vendor information on requisition
- --amount on attachment must match amount on requisition
- --vendor information must be from the vendor
- --remember that you must key the Banner Invoice for final payment before a check will be issued
- --if total exceeds 4999.99 and the period extends beyond the current fiscal year--amount must be prorated to the correct fiscal years
 - * use account code 405820 for portion to be charged to current fiscal year
 - * use account code 405002 for portion to be charged to future fiscal year

| | | | | | | TOTAL | 25.00 |
|-------|--------|--------|----------|-------|--------|--------------------------------|---|
| ORG | ACCT | PROG | ACTV | ORDER | AMOUNT | | |
| xxxxx | 405820 | xxxxxx | | | 25.00 | CONTACT: NAME: [key your name] | |
| - | | | 40.50.50 | | | | ORG ACCT PROG ACTV ORDER AMOUNT xxxxx 405820 xxxxxx 25.00 CONTACT: |

DEPARTMENT:

[key department name] [key department address] [key mail stop no.]

TELEPHONE: [key your phone number]