

# SAMPLE BPA

## Banner Payment Authorization

### Fellowship Payment

-xxxx1234

Vendor Name & Address 1407

Please add "Fellowship Payment" at the top of your BPA  
Please do not write "stipend" on the BPA form

DOC#

Invoice Date: 04/17/2023

Contact:

Student Name

Student Mailing Address

-OR- Department PO Box if requested

Contact Name

Contact Phone/email

Check all that apply:

- ACH (Direct Deposit) is acceptable. Be sure to check if ACH form was included. Do not include the ACH w the BPA packet though.
- Vendor is current MSU employee (or current in the last 6 months)
- Not a US Citizen (indicate where work was performed)  
(be sure to check if Non-US citizen, the trainee/fellow will have noted this on the trainee/fellowship form)

Date mailed W-9:

#	PO/ENC	P/F	Index	Fund	Orgn	Account	Prog	Activity	Amount	Location	Date Stamps	
30779			4W1234			62828			1,000.00		Please leave this section blank for central office use.	
30780			4W1234			62828			1,000.00			
30781			4W1234			62828			1,000.00			
30782			4W1234			62828			1,000.00			
30783			4W1234			62828			500.00			
Ref/Additional Information							<b>Total:</b>		<b>\$4,500.00</b>			

Signature

Authorized Signature

UBS/OSP Date Stamp Here

Authorized Signature

UBS/OSP Date Stamp Here

Authorized Signature

Authorized Signature

Remit Info (to be included on the check stub):

1016469

MSU - Department Name

Inv# Jan 2023 \$1,000.00 (Jan 1 payment)

Inv# Feb 2023 \$1,000.00 (Feb 1 payment)

Inv# Mar 2023 \$1,000.00 (Mar 1 payment)

Inv# Apr 2023 \$1,000.00 (Apr 1 payment)

Inv# May 2023 \$500.00 (May 15 payment)

Please leave this section blank for central office use.

UPLOAD to AP SHAREPOINT W/ THE NAMING PROTOCOL: FELLOWSHIP DEPT LAST NAME INDEX AMOUNT

Example: FELLOWSHIP IoE Smith 4W1234 \$4,500.00