

EFT PAYMENT NOTIFICATION FORM

SOUTHERN ILLINOIS UNIVERSITY

Department Contact Information:

Dept: _____

Name: _____

E-mail: _____

Phone #: _____ MC: _____

Payment Information:

Date of Billing: _____

Amount of Payment: _____

Vendor Name: _____

Budget Purpose: _____

DA1 (If Applicable): _____

DA2 (If Applicable): _____

Object Code: _____

Special Instructions: