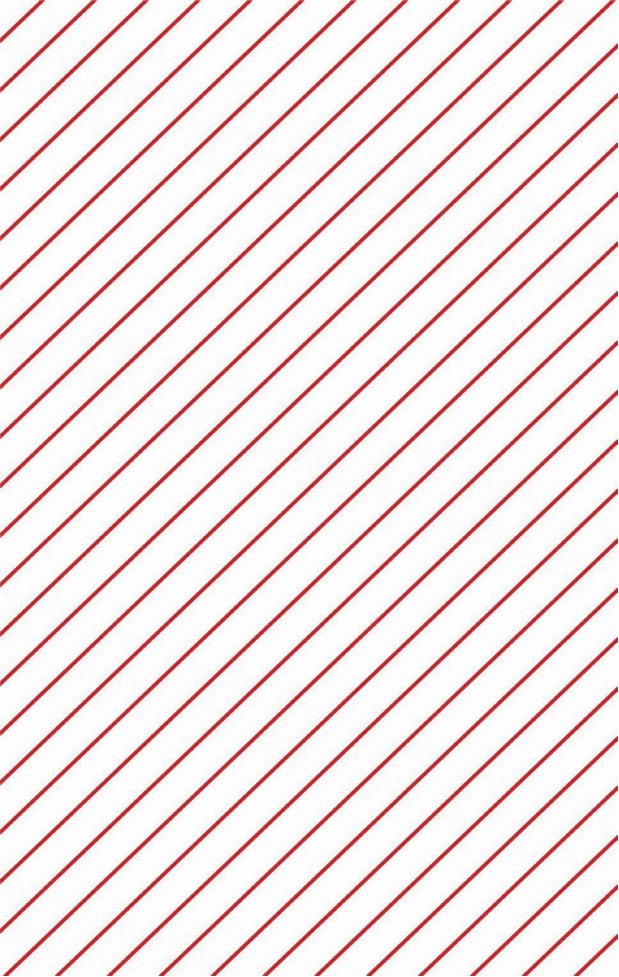


# Administrative Purchasing Training



*the* FRIENDLIEST CAMPUS *in the* SOUTH



# Procurement and Fixed Assets

Shasta Platt, Director of Procurement and Fixed Assets

Alane Rhodes, Procurement Specialist



# Procurement and Fixed Assets Overview

- W9 Process
- Disclosure Statement
- Open Purchase Orders
- Requisitions and required documents
- Purchase Orders
- Partial Payments

# New Vendors & Vendor Maintenance (Businesses)

If a business does not have employees in Alabama an email stating so will suffice

## W-9

## Beason – Hammon Certificate of Compliance

| <b>W-9</b><br>Form<br>(Rev. March 2024)<br>Department of the Treasury<br>Internal Revenue Service                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                              | <b>Request for Taxpayer<br/>Identification Number and Certification</b><br>Go to <a href="https://www.irs.gov/FormW9">www.irs.gov/FormW9</a> for instructions and the latest information. |  | Give form to the<br>requester. Do not<br>send to the IRS. |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------|
| <b>Before you begin.</b> For guidance related to the purpose of Form W-9, see <i>Purpose of Form</i> , below.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                           |  |                                                           |
| 1 Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                           |  |                                                           |
| 2 Business name/disregarded entity name, if different from above.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                           |  |                                                           |
| Print or type.<br><br>See <i>Specific instructions</i> on page 3.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 3a Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only one of the following seven boxes.                                                                                                                                                                                                                                           |                                                                                                                                                                                           |  |                                                           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C corporation <input type="checkbox"/> S corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate                                                                                                                                                                                                 |                                                                                                                                                                                           |  |                                                           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <input type="checkbox"/> LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership). <b>Note:</b> Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner. |                                                                                                                                                                                           |  |                                                           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <input type="checkbox"/> Other (see instructions)                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                           |  |                                                           |
| 4 Exemptions (codes apply only to certain entities; not individuals; see instructions on page 3):<br><br>Exempt payee code (if any): _____<br>Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any): _____<br><br>(Applies to accounts maintained outside the United States.)                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                           |  |                                                           |
| 5b If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions. <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                           |  |                                                           |
| 6 Address (number, street, and apt. or suite no.). See instructions.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                           |  | Requester's name and address (optional)                   |
| 7 City, state, and ZIP code                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                           |  |                                                           |
| 8 List account number(s) here (optional)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                           |  |                                                           |
| <b>Part I Taxpayer Identification Number (TIN)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                           |  |                                                           |
| Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see <i>How to get a TIN</i> , later.                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                           |  |                                                           |
| Social security number                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                           |  |                                                           |
| Employer identification number                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                           |  |                                                           |
| <b>Part II Certification</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                           |  |                                                           |
| Under penalties of perjury, I certify that:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                           |  |                                                           |
| 1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                           |  |                                                           |
| 2. I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                           |  |                                                           |
| 3. I am a U.S. citizen or other U.S. person (defined below); and                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                           |  |                                                           |
| 4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                           |  |                                                           |
| <b>Certification instructions.</b> You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and, generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.                                                    |                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                           |  |                                                           |
| Sign<br>Here                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Signature of<br>U.S. person                                                                                                                                                                                                                                                                                                                                                                                  | Date                                                                                                                                                                                      |  |                                                           |
| <b>General Instructions</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                           |  |                                                           |
| Section references are to the Internal Revenue Code unless otherwise noted.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                           |  |                                                           |
| <b>Future developments.</b> For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to <a href="https://www.irs.gov/FormW9">www.irs.gov/FormW9</a> .                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                           |  |                                                           |
| <b>What's New</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                           |  |                                                           |
| Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                           |  |                                                           |
| New line 5b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065). |                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                           |  |                                                           |
| <b>Purpose of Form</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                           |  |                                                           |
| An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                           |  |                                                           |

|                                                                                                                                                                                                                                                                                                                                                                                         |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| CERTIFICATE OF COMPLIANCE WITH THE BEASON-HAMMON ALABAMA TAXPAYER AND CITIZEN PROTECTION ACT<br>(Ala. Code § 31-13-1)                                                                                                                                                                                                                                                                   |  |
| RE: Contract/Grant/Incentive (describe by number or subject): _____<br>by and between _____ ("Contracting Party") and<br>Jacksonville State University.                                                                                                                                                                                                                                 |  |
| The undersigned hereby certifies to Jacksonville State University as follows:                                                                                                                                                                                                                                                                                                           |  |
| The undersigned holds the position of _____ with the Contracting Party named above and is authorized to provide representations set out in this Certificate as the official and binding act of that entity, and has knowledge of the provisions of Ala. Code § 31-13-1, known as The Beason-Hammon Alabama Taxpayer and Citizen Protection Act ("Act").                                 |  |
| The Contracting Party is a business entity or employer as those terms are defined in Ala. Code § 31-13-3(2) and (5). Accordingly, the Contracting party attaches hereto a copy of its complete E-Verify Memorandum of Understanding issued and electronically signed by the U.S. Department of Homeland Security when the business entity or employer enrolled in the E-Verify program. |  |
| As of the date of this Certificate, the Contracting Party does not knowingly employ an unauthorized alien within the State of Alabama and hereafter it will not knowingly employ, hire for employment, or continue to employ an unauthorized alien within the State of Alabama.                                                                                                         |  |
| The Contracting Party is enrolled in E-Verify unless it is not eligible to enroll because of the rules of that program or other factors beyond its control.                                                                                                                                                                                                                             |  |
| Contracting Party Name (Printed) _____                                                                                                                                                                                                                                                                                                                                                  |  |
| E-Verify User Identification Number _____                                                                                                                                                                                                                                                                                                                                               |  |
| By: Authorized Officer or Agent of Contracting Party (Signature) _____                                                                                                                                                                                                                                                                                                                  |  |
| Title of Authorized Officer or Agent of Contracting Party _____                                                                                                                                                                                                                                                                                                                         |  |
| Printed Name of Authorized Officer or Agent of Contracting Party _____                                                                                                                                                                                                                                                                                                                  |  |

the FRIENDLIEST CAMPUS in the SOUTH

# New Vendors and Vendor Maintenance (Individuals) W9 and Driver's License

**Form W-9**  
Rev. March 2024  
Department of the Treasury  
Internal Revenue Service

**Request for Taxpayer Identification Number and Certification**  
Go to [www.irs.gov/FormW9](https://www.irs.gov/FormW9) for instructions and the latest information.

Give form to the requester. Do not send to the IRS.

**Before you begin.** For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

1 Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.)

2 Business name/disregarded entity name, if different from above.

3a Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only one of the following seven boxes.

☐ Individual/sole proprietor ☐ C corporation ☐ S corporation ☐ Partnership ☐ Trust/estate

☐ LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) . . . . .

**Note:** Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner.

☐ Other (see instructions)

3b If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions . . . . .

4 Exemptions (codes apply only to certain entities; not individuals; see instructions on page 3):

Exempt payee code (if any):

Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any):

(Applies to accounts maintained outside the United States.)

5 Address (number, street, and apt. or suite no.). See instructions.

6 City, state, and ZIP code

7 List account number(s) here (optional)

Requester's name and address (optional)

**Part I Taxpayer Identification Number (TIN)**

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

**Note:** If the account is in more than one name, see the instructions for line 1. See also *What Name and Number To Give the Requester* for guidelines on whose number to enter.

**Part II Certification**

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and

2. I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and

3. I am a U.S. citizen or other U.S. person (defined below); and

4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and, generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

**Sign Here** Signature of U.S. person Date

**General Instructions**

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to [www.irs.gov/FormW9](https://www.irs.gov/FormW9).

**What's New**

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

**Purpose of Form**

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they

Cat. No. 10231X Form W-9 (Rev. 3-2024)

- W9's must be filled out completely, signed and dated
- Only 1 box can be checked in Section 3a.
  - If LLC box is checked a C, S, or P must be added to the line

- Send all W9's and required documents to [purchasing@jsu.edu](mailto:purchasing@jsu.edu)

*the* FRIENDLIEST CAMPUS *in the* SOUTH

# Purchases \$25k and Up

**Purchases over \$25,000 must be covered by one of the following:**

- From a Bid let by Jax State Procurement
- Alabama State Bid List
- From the Approved Consortium List
- Sole Source (determination made by Legal Counsel)
- Exemption that falls under Alabama Code 41-4-126

All of these must be referenced in the Public Comment section of your requisition.

# Disclosure Statement Needed for any purchase \$25,000 or more

 **State of Alabama**  
**Disclosure Statement**  
Required by Article 3B of Chapter 16 of Title 41, Code of Alabama 1975

ENTITY COMPLETING FORM

ADDRESS

CITY, STATE, ZIP TELEPHONE NUMBER

STATE AGENCY/DEPARTMENT THAT WILL RECEIVE GOODS, SERVICES, OR IS RESPONSIBLE FOR GRANT AWARD

ADDRESS

CITY, STATE, ZIP TELEPHONE NUMBER

This form is provided with:

☐ Contract ☐ Proposal ☐ Request for Proposal ☐ Invitation to Bid ☐ Grant Proposal

Have you or any of your partners, divisions, or any related business units previously performed work or provided goods to any State Agency/Department in the current or last fiscal year?

☐ Yes ☐ No

If yes, identify below the State Agency/Department that received the goods or services, the type(s) of goods or services previously provided, and the amount received for the provision of such goods or services.

| STATE AGENCY/DEPARTMENT | TYPE OF GOODS/SERVICES | AMOUNT RECEIVED |
|-------------------------|------------------------|-----------------|
|                         |                        |                 |
|                         |                        |                 |
|                         |                        |                 |

Have you or any of your partners, divisions, or any related business units previously applied and received any grants from any State Agency/Department in the current or last fiscal year?

☐ Yes ☐ No

If yes, identify the State Agency/Department that awarded the grant, the date such grant was awarded, and the amount of the grant.

| STATE AGENCY/DEPARTMENT | DATE GRANT AWARDED | AMOUNT OF GRANT |
|-------------------------|--------------------|-----------------|
|                         |                    |                 |
|                         |                    |                 |
|                         |                    |                 |

1. List below the name(s) and address(es) of all public officials/public employees with whom you, members of your immediate family, or any of your employees have a family relationship and who may directly personally benefit financially from the proposed transaction. Identify the State Department/Agency for which the public officials/public employees work. (Attach additional sheets if necessary.)

| NAME OF PUBLIC OFFICIAL/EMPLOYEE | ADDRESS | STATE DEPARTMENT/AGENCY |
|----------------------------------|---------|-------------------------|
|                                  |         |                         |
|                                  |         |                         |
|                                  |         |                         |

Page 1 of 2

2. List below the name(s) and address(es) of all family members of public officials/public employees with whom you, members of your immediate family, or any of your employees have a family relationship and who may directly personally benefit financially from the proposed transaction. Identify the public officials/public employees and State Department/Agency for which the public officials/public employees work. (Attach additional sheets if necessary.)

| NAME OF FAMILY MEMBER | ADDRESS | NAME OF PUBLIC OFFICIAL/ PUBLIC EMPLOYEE | STATE DEPARTMENT/ AGENCY WHERE EMPLOYED |
|-----------------------|---------|------------------------------------------|-----------------------------------------|
|                       |         |                                          |                                         |
|                       |         |                                          |                                         |
|                       |         |                                          |                                         |

If you identified individuals in items one and/or two above, describe in detail below the direct financial benefit to be gained by the public officials, public employees, and/or their family members as the result of the contract, proposal, request for proposal, invitation to bid, or grant proposal. (Attach additional sheets if necessary.)

Describe in detail below any indirect financial benefits to be gained by any public official, public employee, and/or family members of the public official or public employee as the result of the contract, proposal, request for proposal, invitation to bid, or grant proposal. (Attach additional sheets if necessary.)

List below the name(s) and address(es) of all paid consultants and/or lobbyists utilized to obtain the contract, proposal, request for proposal, invitation to bid, or grant proposal.

| NAME OF PAID CONSULTANT/LOBBYIST | ADDRESS |
|----------------------------------|---------|
|                                  |         |
|                                  |         |
|                                  |         |

By signing below, I certify under penalty of perjury (in the jurisdiction in which it is executed) that all statements on or attached to this form are true and correct to the best of my knowledge. I further understand that a person who knowingly violates this article shall be subject to civil penalty in an amount of ten thousand dollars (\$10,000), or 10 percent of the amount of the contract, whichever is less, to be deposited in the State General Fund. Also, the contract or grant shall be voidable by the awarding agency.

Authorized Signatory \_\_\_\_\_ Date \_\_\_\_\_ Jurisdiction in which this Disclosure Statement is executed \_\_\_\_\_

The disclosure statement is required to be completed and filed with grant proposals in excess of \$25,000 and contracts that meet or exceed the threshold for bid or other formal solicitations under Article 5 of Chapter 4 of Title 41 or any other law that requires formal solicitation procedures for awarding public contracts.

Page 2 of 2

**Must be dated within 30 days prior to the PO,  
Notary no longer required on form.**

# Disclosure Statements for Purchases \$25,000 and Over

## Notable Changes in Requirements for the Disclosure Statement

- Threshold was changed from \$5,000 up to \$25,000
- No longer has to be notarized
- The disclosure would be valid **ONLY** for the *same period* as the bid, grant, contract (including purchase orders). Notary expirations have no bearing on the validity of the statement.

# Changes to Open Purchase Order Policy

# Open Purchase Orders

Open Purchase Orders may be established for recurring purchases when quantities and timing cannot be reasonably determined in advance and when the use of individual purchase orders would create an unnecessary administrative burden. Open Purchase Orders shall be limited to a specific vendor, a defined fiscal year period not to exceed twelve (12) months, and an approved dollar amount.

**Must be approved for an Open Purchase Order prior to entering a requisition.**

# Open Purchase Order Policy

- Appropriate Use of Open Purchase Orders Open Purchase Orders should only be permitted when all of the following conditions apply:
  1. Quantities cannot be reasonably estimated in advance.
  2. Purchases are recurring and operationally necessary.
  3. Processing individual purchase orders would create a significant administrative burden.
  4. The procurement need cannot be effectively managed through a standard purchase order.

Examples of **Appropriate** Open Purchase Orders Examples include, but are not limited to:

- Utilities and utility-related services.
- Emergency maintenance and repair services.
- Contracted services with variable usage or consumption.
- Routine operational supplies purchased throughout the fiscal year.
- Certain facility and fleet maintenance requirements where usage cannot be accurately predicted.

# Examples of Inappropriate Open Purchase Orders

Open Purchase Orders shall not be used for:

- General departmental spending or discretionary purchases.
- Purchases intended to circumvent University procurement requirements.
- Project-specific purchases with known quantities, specifications, and costs.
- Equipment purchases.
- One-time purchases that can be identified, quoted, and procured through a standard purchase order process. (i.e. Staples)

# Creating a Requisition

- Make sure to attach any documents needed for a PO before submitting your requisition. The documents should be complete with all signatures required before attaching.
- Missing required documents slows down the process of receiving your PO and can require the requisition to be cancelled and the process started all over.
- Examples of required forms:
  - Meal request form
  - Request to purchase IT form
  - Disclosure Statement
  - Quotes
  - Bid and signed contracts

# Creating a Requisition (cont)

- For approved promotional vendors, the bid number must be on the requisition in the Public comment section and attach the quote showing Jax State's discount
- For an awarded bid, the bid number must be on the requisition and all signed contract information attached (don't forget the Disclosure Statement if needed)
- For a consortium, the consortium name and number must be on the requisition and the name and number needs to be referenced on the attached quote to ensure discounted pricing

# Purchase Order Examples

- PO with no issues
- PO with invoice over total within limit
- PO with invoice less than PO total
- PO requiring Amendment
- Prepaid POs

Receiving copies must be signed and dated by the Budget Manager and sent to AP for payment



**Jacksonville State University**  
700 Pelham Road North  
Jacksonville, AL 36265  
www.jsu.edu  
256.782.5761

Page 1

**Supplier:** 001186911  
Keith Crider DBA Crider Construction LL  
397 Three Cedars Rd  
Chattahoochee AL 36271-5492

|                     |          |
|---------------------|----------|
| PO Number:          | P0118312 |
| Issue Date:         | 08/26/26 |
| Requisition Number: | R0127194 |

Contact originating department to confirm acceptance of PURCHASE ORDER and delivery date.

**Send Billing Invoice to:**  
Dusty Christopher  
Capital Planning & Facilities  
Duncan Building  
700 Pelham Road North  
Jacksonville AL 36265

**Ship to: Jacksonville State University**  
Dusty Christopher  
Capital Planning & Facilities  
Duncan Building  
700 Pelham Road North  
Jacksonville AL 36265

**Show PO number and your Federal Tax ID or Social Security Number on your invoice.**

| Description                     | Quantity | Unit Cost     | Total Cost      |
|---------------------------------|----------|---------------|-----------------|
| Painting Stone Center 108 & 204 | 1.00 EA  | 1,080.0000    | 1,080.00        |
|                                 |          | <b>TOTAL:</b> | <b>1,080.00</b> |

**Authorized By:** *Shadon Platt*  
ACCOUNT CODES:  
93100-65011-72703-60      \$1,080.00

| Date | Quantity | Amount Paid |
|------|----------|-------------|
|      |          |             |
|      |          |             |
|      |          |             |
|      |          |             |
|      |          |             |
|      |          |             |
|      |          |             |
|      |          |             |
|      |          |             |
|      |          |             |

**MATERIALS RECEIPTS**  
THIS RECEIPT IS VALID IF ABOVE GOODS HAVE BEEN RECEIVED INSURED  
ORDER AND ARE RETURNED FOR PAYMENT WITH THE EXCEPTIONS AS CIRCLED  
ADDS AND DELETES ARE VOID

FORWARDED TO ACCOUNTS PAYABLE UPON RECEIPT OF GOODS -

*Dick Christel*  
MANAGER SIGNATURE

9.15.26  
DATE

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# PO ready for payment and invoice within the \$50.00 or 10% overage allowance (Based on the lesser of the two)

Page 1

**Jacksonville State University**  
700 Pelham Road North  
Jacksonville, AL 36265  
www.jsu.edu  
256.782.5781

Supplier: 001295322  
L-S Industries, Inc.  
8902 Valgro Rd  
Knoxville TN 37920-9137

PO Number: **P0118691**  
Issue Date: **09/10/26**  
Requisition Number: **R0127620**

Contact originating department to confirm acceptance of PURCHASE ORDER and delivery date.

Send Billing Invoice to:  
Dusty Christopher  
Capital Planning & Facilities  
Duncan Building  
700 Pelham Road North  
Jacksonville AL 36265

Ship to: **Jacksonville State University**  
Dusty Christopher  
Capital Planning & Facilities  
Duncan Building  
700 Pelham Road North  
Jacksonville AL 36265

Show PO number and your Federal Tax ID or Social Security Number on your invoice.

| Description                                | Quantity | Unit Cost  | Total Cost |
|--------------------------------------------|----------|------------|------------|
| Quote 090926CRB Collapsible Campus Cruiser | 1.00 EA  | 8,549.1700 | 8,549.17   |

Authorized By: *Shade Platt* TOTAL: *8,549.17*  
ACCOUNT CODES: 93002-65004-76008-60 \$8,549.17  
*8559.22*

MATERIALS RECEIPTS  
I HEREBY CERTIFY THAT THE ABOVE GOODS HAVE BEEN RECEIVED IN GOOD ORDER AND ARE APPROVED FOR PAYMENT WITH THE EXCEPTIONS AS CIRCLED ABOVE AND EXPLAINED BELOW.  
FORWARD TO ACCOUNTS PAYABLE UPON RECEIPT OF GOODS

*Dusty Christopher* 9.18.26  
RECEIVING COPY

**L-S INDUSTRIES**  
INDUSTRIAL PACKAGING SOLUTIONS  
A Woman-Owned Business | Knoxville, TN  
8902 Valgro Rd  
Knoxville, TN 37920-9137  
US  
Phone: 865-579-6294  
Fax: 865-577-2193

Invoice  
Invoice Number 37488  
Invoice Date Sep 16, 2026  
Page: 1

Sold To: JACKSONVILLE STATE UNIVERSITY  
700 PELHAM ROAD N  
ACCOUNTSPAYABLE@JSU.EDU  
JACKSONVILLE, AL 36265  
US

Ship To: JACKSONVILLE STATE UNIVERSITY  
700 PELHAM ROAD N  
CAPITAL PLANNING & FACILITIES DUNCAN BUILDING  
JACKSONVILLE, AL 36265  
US

| Customer ID | Customer PO | Payment Terms |
|-------------|-------------|---------------|
| 2114        | P0118691    | Net 30 Days   |

| Shipping Method | Ship Date | Due Date |
|-----------------|-----------|----------|
| PP&A, HANDLING  | 9/16/26   | 10/16/26 |

| Quantity | B/O | U/M | Description                                                                                                                                                                                                                                                                         | Unit price | Extension |
|----------|-----|-----|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|-----------|
| 28.00    |     | EA  | CAMPUS CRUISER - 39"L X 28"W X 35"H - WITH NEW AGE<br>IND FRAME<br><br>1 SKID - 28 CARTS<br>1 SKID - 28 SLEEVES<br>32 X 67<br>DUSTY CHRISTOPHER AND ELLIS COLLINS - 256-782-5860 -<br>EDCOLLINS@JSU.EDU<br><br>SHIPPED VIA ESTES PRO#074-0960930<br><br><i>CT</i><br><i>9-17-26</i> | 290.00     | 8,120.00  |

Remit To: L-S Industries  
P.O. Box 1059  
Seymour, TN 37865

Subtotal 8,120.00  
Freight & Handling 439.22  
Sales Tax  
Total \$ 8,559.22

Log on to www.L-SI.com to see what else L-S Industries can do for you.  
Overdue invoices are subject to late charges.

# PO ready for payment with invoice less than PO

Page 1

**Jacksonville State University**  
700 Pelham Road North  
Jacksonville, AL 36265  
www.jsu.edu  
256.782.5781

Supplier: 001001029  
Traffic Signs  
850 Whites Gap Rd SE  
Jacksonville AL 36265-3937

PO Number: **P0118436**  
Issue Date: **08/31/26**  
Requisition Number: **R0127336**

Contact originating department to confirm acceptance of PURCHASE ORDER and delivery date.

Send Billing Invoice to:  
Dusty Christopher  
Capital Planning & Facilities  
Duncan Building  
700 Pelham Road North  
Jacksonville AL 36265

Ship to: **Jacksonville State University**  
Dusty Christopher  
Capital Planning & Facilities  
Duncan Building  
700 Pelham Road North  
Jacksonville AL 36265

Show PO number and your Federal Tax ID or Social Security Number on your invoice.

| Description                                                                                            | Quantity | Unit Cost | Total Cost    |
|--------------------------------------------------------------------------------------------------------|----------|-----------|---------------|
| Bid#-26-01-30-0006                                                                                     |          |           |               |
| 12 x 36 State Law Yield for Pedestrians Signs<br>Replacement of damaged signs at cross walks on campus | 5.00 EA  | 68.6200   | 343.10        |
| Estimated Shipping Cost                                                                                | 1.00 EA  | 40.0000   | 40.00         |
| <b>TOTAL:</b>                                                                                          |          |           | <b>383.10</b> |

Authorized By: *[Signature]*  
ACCOUNT CODES:  
10000-65002-72111-60 \$383.10

DATE

Quantity

Amount Paid

MATERIALS RECEIPTS  
HEREBY CERTIFY THAT THE ABOVE GOODS HAVE BEEN RECEIVED IN GOOD ORDER AND ARE APPROVED FOR PAYMENT WITH THE EXCEPTIONS AS CIRCLED ABOVE AND EXPLAINED BELOW.  
\* FORWARD TO ACCOUNTS PAYABLE UPON RECEIPT OF GOODS \*

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*\*Cancel Remainder\**  
*\$ 343.10*

**Traffic Signs** 850 WHITES GAP RD SE  
Jacksonville, AL 36265

DATE: 9/8/2026 INV. # 38224

BILL TO: JACKSONVILLE STATE UNIVERSITY  
700 PELHAM ROAD NORTH  
JACKSONVILLE, AL 36265

SHIP TO: *PO 118436*

P.O. # TERMS DUE DATE SHIP DATE Via ORDER DATE  
CHAD TURNER Net 30 10/8/2026 9/8/2026 PICK UP 9/1/2026

| ITEM  | DESCRIPTION                                                          | QTY | RATE  | AMOUNT |
|-------|----------------------------------------------------------------------|-----|-------|--------|
| R1-6B | 12"x36" - STATE LAW - YIELD FOR PED - FLO Y/O<br>BG - BLK COPY - 141 | 5   | 68.62 | 343.10 |

*CT*  
*9-8-26*  
*damaged signs replacement*

Subtotal \$343.10  
Sales Tax (0.0%) \$0.00  
Total \$343.10

Phone #  
256-435-5014

# PO requiring an amendment

Page 1

**Jacksonville State University**  
700 Pelham Road North  
Jacksonville, AL 36265  
www.jax.edu  
256.782.5781

Supplier: 001254426  
The McPherson Companies, Inc.  
Dba McPherson Oil  
5051 Cardinal St  
Trussville AL 35173-1871

PO Number: P0118360  
Issue Date: 08/27/26  
Requisition Number: R0127274

Contact originating department to confirm acceptance of PURCHASE ORDER and delivery date.

Send Billing Invoice to:  
Dusty Christopher  
Capital Planning & Facilities  
Duncan Building  
700 Pelham Road North  
Jacksonville AL 36265

Ship to: Jacksonville State University  
Dusty Christopher  
Capital Planning & Facilities  
Duncan Building  
700 Pelham Road North  
Jacksonville AL 36265

Show PO number and your Federal Tax ID or Social Security Number on your invoice.

| Description                                    | Quantity | Unit Cost  | Total Cost         |
|------------------------------------------------|----------|------------|--------------------|
| MA230000004236                                 |          |            |                    |
| Est. cost for diesel and By products as needed | 1.00 EA  | 3,000.0000 | 3,000.00           |
| <b>TOTAL:</b>                                  |          |            | <b>\$ 3,173.42</b> |

Authorized By: *Sophia Sims*

ACCOUNT CODES:  
10000-65003-72102-60 \$3,000.00

DATE: 9/15/26

RECEIVING COPY

**The McPherson Companies, Inc. Invoice**

Remit Payment To: Dept # 6445 PO Box 11407 Birmingham, AL 35246-6445

Correspondence and Purchase Orders: Customer Service Department 5051 Cardinal Street Trussville, AL 35173 1-888-802-7500 customercare@mcphersonoil.com

Bill To: 16586 JACKSONVILLE STATE UNIVERSITY 700 NORTH PELHAM ROAD JACKSONVILLE AL 362651602

Ship To: 17100 JACKSONVILLE STATE UNIV/FUEL JASON BARKER 256-782-5448 MAINT.SHOP/PHYSICAL PLAN FORNEY AVENUE

Invoice No: 1421832  
Bill of Lading No: 285385  
Purchase Order No: P0118360  
Order No: 172465  
Original Invoice No:

Release No: 285385  
Carrier: MOIL  
Del Instr:

Invoice Date: 09/01/2026  
Terms: NET 10 DAYS  
Due Date: 09/11/2026

| Item No | Description                                                                                                                                      | UOM | Ordered | Pricing UOM | Shipped GAL/LBS | Back Ordered | Unit Price | Amount          |
|---------|--------------------------------------------------------------------------------------------------------------------------------------------------|-----|---------|-------------|-----------------|--------------|------------|-----------------|
| 16      | ULTRA LOW SULFUR CLEAR (15 PPM ALABAMA IF FUEL FEDERAL LUST STATE EXCISE TAXES ALABAMA ATTF ALABAMA WHSL OIL LICENSE FEDERAL OIL SPILL-SUPERFUND | GA  | 592.00  | GA          | 592.00          |              | 5.027715   | 2,976.41        |
|         |                                                                                                                                                  |     |         |             |                 |              | 0.020000   | 11.84           |
|         |                                                                                                                                                  |     |         |             |                 |              | 0.001000   | 0.59            |
|         |                                                                                                                                                  |     |         |             |                 |              | 0.290000   | 171.68          |
|         |                                                                                                                                                  |     |         |             |                 |              | 0.010000   | 5.92            |
|         |                                                                                                                                                  |     |         |             |                 |              | 0.007500   | 4.44            |
|         |                                                                                                                                                  |     |         |             |                 |              | 0.004255   | 2.54            |
|         | <b>Sub Total</b>                                                                                                                                 |     |         |             |                 |              |            | <b>3,173.42</b> |

Invoice Total \$3,173.42

**FUELZ** Fleet Card

**Mobil** An ExxonMobil brand

**PROTECK** Lubricants

**JAX STATE Jacksonville State University**

Jacksonville State University  
Procurement and Fixed Assets  
700 Pelham Rd N., 324 Angle Hall, Jacksonville, AL 36265  
Phone: (256) 782-5152

**Purchase Order Amendment**

Please verify that funds are available in your budget prior to submitting. Procurement cannot process if your budget does not have sufficient funds to cover. Approvals for PO amendments will be recorded electronically following the rules for Requisition/Purchase Order as documented on the Expense Authorization Matrix (Policy U.S.63). Amendments will not post to your PO until all approvals are recorded. Please ask your approver(s) to monitor approval queues in Banner 9 Finance SSB under "Approve Documents".

Requestor: Sophia Sims Department: CP&F  
Email: ssims@jax.edu Extension: 5453

Purchase Order #: P0118360  
Vendor Name: The McPherson Companies

Amendment # 1 (1,2,3, etc.) No more than five (5) amendments will be processed for a PO.

Original PO Amount: \$ 3,000.00

If original PO is less than \$5,000, PO cannot be increased to exceed \$5,000. PO must be cancelled and a new requisition entered.

Change Total PO Amount To: \$ 3,173.42  
From: \$ 3,000.00  
Net Increase/Decrease: \$ 173.42

Why is this amendment necessary? Provide the business purpose as justification for the amendment.  
\*Price increase on diesel fuel

Provide detail for items to be amended. Please note that only shipping/freight and/or additional quantities of existing PO items can be added to an existing PO. No new items.

| Item Quantity | Description | Unit Price | Total Price |
|---------------|-------------|------------|-------------|
|               |             |            | \$ 0.00     |
|               |             |            | \$ 0.00     |
|               |             |            | \$ 0.00     |

For Budget/OAP Update Only:  
Fund: Org: Acct: Prog:  
TO: FROM:

Requestor: Electronically signed by Sophia Sims on 09/06/2026 2:25:50 PM  
Procurement Processed: Electronically signed by Jeremy Rhodes on 09/06/2026 2:38:09 PM

# Prepaid POs

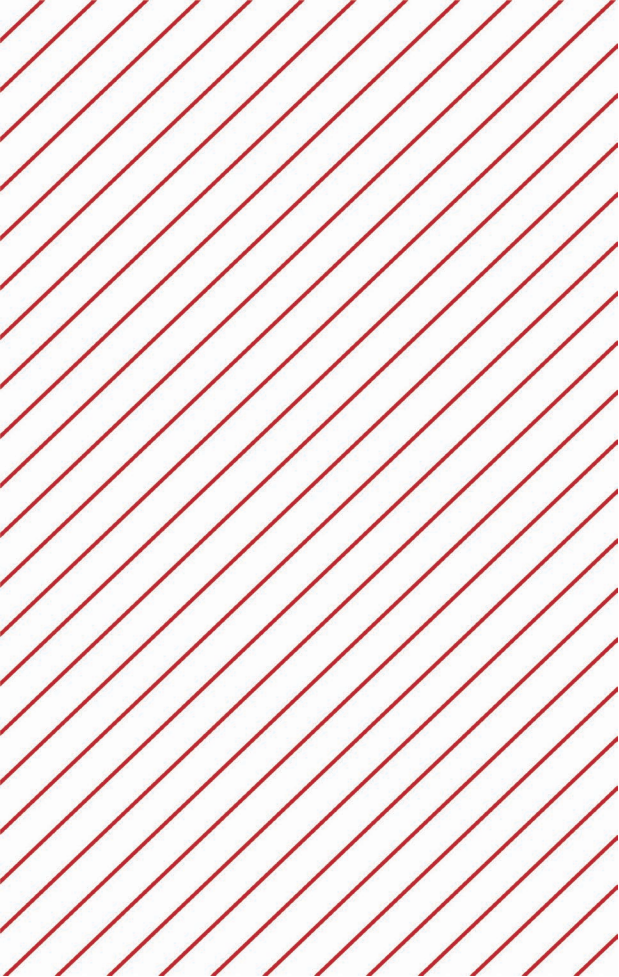
- Some types of purchases by their nature must be prepaid
- An original invoice must be attached to the requisition before submitting for approval to process this type of purchase
- Examples:
  - Subscriptions
  - some conference registrations
  - maintenance contracts
- For these types of payments, “Please Pre-pay” should be entered into the public comments section of the requisition.

IV.03.01 7 Requests for prepayment exemptions, with a detailed justification documenting procurement due diligence, must be made via email to the Director of Procurement and Fixed Assets for approval review by the CFO. Exemptions will be granted on an extremely limited basis. A prepayment cannot be processed without an invoice. Prepaid purchase orders are discouraged and should be placed only when necessary. Purchases of supplies, equipment, and services cannot be prepaid.

# Encumbrances and Direct Vouchers

## Encumbrance → Invoice → Payment

- The preferred method of payment is via Purchase Order, initiated by [entering a requisition](#). Direct Voucher encumbrances should be the **exception**, not the rule, and only when circumstances do not allow processing of a purchase order. Exceptions include utility payments, professional service contracts, petty cash requests, and travel reimbursements not applicable to Emburse Enterprise.
- Please ensure all professional service contracts have approval from the budget manager before sending to the Controller's office ([controller@jsu.edu](mailto:controller@jsu.edu)). The Controller's office verifies the contract, then forwards to AP for payment processing.
- All direct voucher encumbrances < \$5,000 must be sent to Procurement ([purchasing@jsu.edu](mailto:purchasing@jsu.edu)) for approval.
- All encumbrances > \$5,000 must be submitted to AP for payment either physically or via email. Banner does not automatically route them.
- Please email documents to accounts payable at [accountspayable@jsu.edu](mailto:accountspayable@jsu.edu) for processing.



# Partial Payments

Keep your Receiving Copy until final payment and then send to Accounts Payable with final invoice.



# Partial Payments

- Fill out Partial Shipment and send to AP with invoice.
- Some vendors have DBA's and this can cause confusion as to which name to use on the Partial. Please make sure to check the vendor name using FGIENCD and add the name exactly as it appears.
- For example, Landers Automotive would need to be entered as Scott Landers DbA Landers Automotive



Detail Encumbrance Activity FGIENCD 9.3.39 (PRO8)

Encumbrance: P0112869 Encumbrance Period: All

ENCUMBRANCE INFORMATION

|             |                                     |                  |                                                |
|-------------|-------------------------------------|------------------|------------------------------------------------|
| Description | Scott Landers DbA Landers Automotiv | Date Established | 10/14/2025                                     |
| Status      | O                                   | Balance          | 1,215.97                                       |
| Type        | P                                   | Vendor           | 001015058 Scott Landers DbA Landers Automotive |

- **For final payment - send signed Receiving Copy and invoice to AP and...**
  - If paying less than PO amount cross out original total and write new amount on the PO and state to cancel remaining balance.
  - If paying up to \$50.00 more, an amendment is not required but the total needs to be crossed out and new total written in.
  - Always write "Cancel Remainder or Close PO" on the final invoice payment.

# Partial Payment Form Example

| JACKSONVILLE STATE UNIVERSITY                                           |                  |                                        |           |                              |            |                |
|-------------------------------------------------------------------------|------------------|----------------------------------------|-----------|------------------------------|------------|----------------|
| PARTIAL SHIPMENT FORM                                                   |                  |                                        |           |                              |            |                |
| DATE <u>09/14/2026</u>                                                  |                  | RE: Purchase Order No. <u>P0118338</u> |           |                              |            |                |
| TO: Business Office                                                     |                  | East Alabama                           |           |                              |            |                |
| FROM: <u>Capital Planning &amp; Facilities</u>                          |                  | Name of Vendor                         |           |                              |            |                |
|                                                                         |                  | <u>10000-65001-72703-60</u>            |           |                              |            |                |
|                                                                         |                  | STAMP YOUR ACCOUNT # HERE              |           |                              |            |                |
| Acknowledgement is made of the following order received on _____ (Date) |                  |                                        |           |                              |            |                |
| which is unsatisfactory due to the following reasons                    |                  |                                        |           |                              |            |                |
| Defective _____                                                         |                  | Damaged _____                          |           | Overage _____                |            | Shortage _____ |
| Partial <input checked="" type="checkbox"/>                             |                  | Other _____                            |           | Explanation If Other _____   |            |                |
| Delivering Carrier _____                                                |                  | Delivery Ticket NO. _____              |           |                              |            |                |
| Item                                                                    | Quantity Ordered | Inventory Item                         | QTY Rec'd | Description-type, size, etc. | Unit Price | Total          |
|                                                                         |                  |                                        |           | Inv#131003                   |            | 625.00         |
|                                                                         |                  |                                        |           |                              |            |                |
|                                                                         |                  |                                        |           |                              |            |                |
|                                                                         |                  |                                        |           |                              |            |                |
|                                                                         |                  |                                        |           |                              |            |                |
|                                                                         |                  |                                        |           |                              |            |                |
|                                                                         |                  |                                        |           |                              |            |                |
| Authorized by: <u>Dusty Christopher</u>                                 |                  |                                        |           |                              | TOTAL      | \$625.00       |
| Signature                                                               |                  |                                        |           |                              |            |                |
| FOR BUSINESS OFFICE USE ONLY:                                           |                  |                                        |           |                              |            |                |
| Date Received _____                                                     |                  | Received by _____                      |           | Referred to _____            |            |                |
| Necessary Adjustments Recommended _____                                 |                  |                                        |           |                              |            |                |
| Final Disposition Made _____                                            |                  |                                        |           |                              |            |                |
| Date _____ Signed _____                                                 |                  |                                        |           |                              |            |                |
| (SEE INSTRUCTIONS ON BACK)                                              |                  |                                        |           |                              |            |                |
| BA Form #13<br>06/01/91                                                 |                  |                                        |           |                              |            |                |
| Reference Business Procedure No. BA IV:03:01                            |                  |                                        |           |                              |            |                |

| East Alabama Portables, Inc.                                                                                                   |                    |                             |                      |        | Invoice  |           |
|--------------------------------------------------------------------------------------------------------------------------------|--------------------|-----------------------------|----------------------|--------|----------|-----------|
| 2680 Bynum Leatherwood Rd<br>Anniston, AL 36201                                                                                |                    |                             |                      |        | Date     | Invoice # |
| 256-236-6830                                                                                                                   |                    |                             |                      |        | 9/9/2026 | 131003    |
| Bill To                                                                                                                        |                    |                             | Ship to              |        |          |           |
| JSU (Dusty Christopher)<br>Capital Planning & Facilities<br>Duncan Building<br>700 Pelham Road North<br>Jacksonville, AL 36265 |                    |                             | J.S.U. Football Game |        |          |           |
| Contract #                                                                                                                     | P.O. #             | Terms                       | D.O. #               | Other  |          |           |
|                                                                                                                                | P0118338           | Due on receipt              |                      |        |          |           |
| Item                                                                                                                           | Description        | Quantity                    | Rate                 | Amount |          |           |
| special                                                                                                                        | Special Event      | 3                           | 85.00                | 255.00 |          |           |
| Handwash                                                                                                                       | Hand Wash Stations | 2                           | 85.00                | 170.00 |          |           |
| Handicap Rental                                                                                                                | Handicap Units     | 2                           | 100.00               | 200.00 |          |           |
|                                                                                                                                | Game Day: 09/05/26 |                             |                      |        |          |           |
| We appreciate your business! PLEASE INCLUDE THE INVOICE NUMBER WITH YOUR PAYMENT. Thank you!                                   |                    | This Invoice Total \$625.00 |                      |        |          |           |
| Account Balance \$625.00                                                                                                       |                    |                             |                      |        |          |           |
| Account balance MAY include invoices you have not yet received.                                                                |                    |                             |                      |        |          |           |



## One Invoice/Multiple FOAPs

[illegible]

## Multiple Invoices/One FOAP

JACKSONVILLE STATE UNIVERSITY

PARTIAL SHIPMENT  
FORM

---

DATE 09/14/2026 RE: Purchase Order No. P0116194

TO: Business Office Weathertech

FROM: Capital Planning & Facilities Name of Vendor

10000-65012-72101-60

STAMP YOUR ACCOUNT # HERE

Acknowledgement is made of the following order received on \_\_\_\_\_  
 which is unsatisfactory due to the following reasons (Date)

Defective \_\_\_\_\_ Damaged \_\_\_\_\_ Overage \_\_\_\_\_ Shortage \_\_\_\_\_

Partial X Other \_\_\_\_\_ Explanation if Other \_\_\_\_\_

Delivering Carrier \_\_\_\_\_ Delivery Ticket No. \_\_\_\_\_

| Item         | Quantity Ordered | Inventory Item | QTY Rec'd | Description-type, size, etc. | Unit Price | Total         |
|--------------|------------------|----------------|-----------|------------------------------|------------|---------------|
|              |                  |                |           | Invoice#-7194077-00          |            | 96.00         |
|              |                  |                |           | Invoice#-1092995-00          |            | 170.98        |
|              |                  |                |           |                              |            |               |
|              |                  |                |           |                              |            |               |
|              |                  |                |           |                              |            |               |
|              |                  |                |           |                              |            |               |
|              |                  |                |           |                              |            |               |
|              |                  |                |           |                              |            |               |
| <b>TOTAL</b> |                  |                |           |                              |            | <b>266.98</b> |

Authorized by: *Dustin Christal* Signature

**FOR BUSINESS OFFICE USE ONLY:**

Date Received \_\_\_\_\_ Received by \_\_\_\_\_ Referred to \_\_\_\_\_

Necessary Adjustments Recommended \_\_\_\_\_

Final Disposition Made \_\_\_\_\_

Date \_\_\_\_\_ Signed \_\_\_\_\_

(SEE INSTRUCTIONS ON BACK)

# the FRIENDLIEST CAMPUS *in the* SOUTH

# Partial Payment

## PO with Partial Payments Ready for Closing

Page 1

**Jacksonville State University**  
700 Pelham Road North  
Jacksonville, AL 36265  
www.jsu.edu  
256.782.5781

Supplier: 001000193  
Bestwars, Inc.  
2240 Al Highway 21 S  
Oxford AL 36203-2905

PO Number: **P0112930**  
Issue Date: **10/16/25**  
Requisition Number: **R0120895**

Contact originating department to confirm acceptance of PURCHASE ORDER and delivery date.

Send Billing Invoice to:  
Dusty Christopher  
Capital Planning & Facilities  
Duncan Building  
700 Pelham Road North  
Jacksonville AL 36265

Ship to: **Jacksonville State University**  
Dusty Christopher  
Capital Planning & Facilities  
Duncan Building  
700 Pelham Road North  
Jacksonville AL 36265

Show PO number and your Federal Tax ID or Social Security Number on your invoice.

| Description                           | Quantity | Unit Cost | Total Cost |
|---------------------------------------|----------|-----------|------------|
| Estimated cost for supplies as needed | 1.00 EA  | 500.0000  | 500.00     |

*\*Cancel Remainder\**

**TOTAL:** 500.00

Authorized By: *Agada, Platte*

ACCOUNT CODES:  
10000-65006-72105-60 \$500.00

| Date              | Quantity | Amount Paid |
|-------------------|----------|-------------|
| 12/13/25 # 794485 |          | \$ 40.98    |
| 12/16/25 # 79508  |          | \$ 18.61    |
| 3/20/26 # 80738   |          | \$ 130.82   |
| 4/3/26 # 81185    |          | \$ 45.55    |
| 12/31/24 # 81886  |          | \$ 45.20    |
| 9/21/24 # 82672   |          | \$ 82.62    |

**MATERIALS RECEIPTS**  
I HEREBY CERTIFY THAT THE ABOVE GOODS HAVE BEEN RECEIVED IN GOOD CONDITION AND ARE APPROVED FOR PAYMENT WITH THE DESCRIPTIONS AS CIRCLED ABOVE AND SHIPPED TO THE LOCATION.  
\* FORWARD TO ACCOUNTS PAYABLE UPON RECEIPT OF GOODS \*

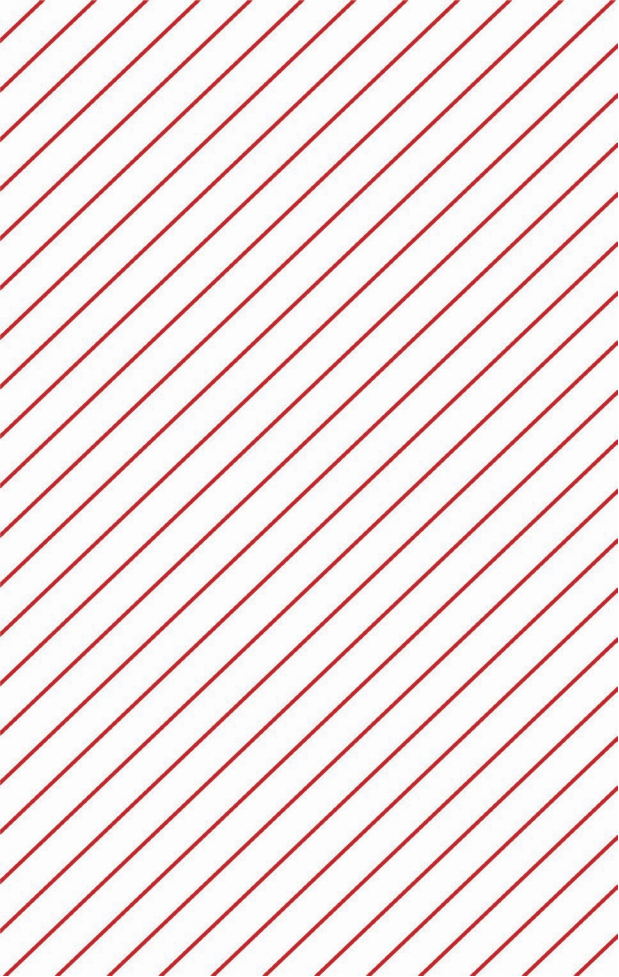
*Dusty Christopher* 9/15/26  
PURCHASER SIGNATURE DATE

RECEIVING COPY

*the* **FRIENDLIEST CAMPUS** *in the* **SOUTH**

# Things to Remember

- Send all W9's to [purchasing@jsu.edu](mailto:purchasing@jsu.edu)
- Send all Encumbrances to [purchasing@jsu.edu](mailto:purchasing@jsu.edu) and [accountspayable@jsu.edu](mailto:accountspayable@jsu.edu)
- Please email encumbrances instead of sending through Campus mail
- Send all invoices to be paid to [accountspayable@jsu.edu](mailto:accountspayable@jsu.edu)
- Please email invoices instead of sending through Campus Mail
- Open POs must be approved by Procurement
- When cancelling a PO...
  - If no payment has been made send signed receiving copy with "Cancel PO" wording to [purchasing@jsu.edu](mailto:purchasing@jsu.edu)
  - If a payment has been made send signed receiving copy with "Cancel Remainder" to [accountspayable@jsu.edu](mailto:accountspayable@jsu.edu)



# Accounts Payable

Darby Davis, Senior Accountant

Char Bagley, Account Payable Specialist

Kristin Martin, Accounts Payable Specialist



# Accounts Payable Overview

- Check funds left on a PO
- Send POs and Invoices
- Verify funds
- Using multiple FOAPs on a PO
- When to send amended POs
- When to send documents for payment
- Notating changed amounts on Receiving Copies

# FGIENCD

- Go to Administrative Banner
- Enter the FGIENCD Screen
- Enter your Encumbrance or Purchase Order Number

- Once in the screen you will see the following:
  - PORD – Purchase Order Established
  - INEI – Invoice paid against the purchase order
  - Balance – Amount left on the PO

# Encumbrance Query

- An encumbrance query can be used to view open purchase orders by budget/FOAP, payments processed against a purchase order and other encumbrance activity. A periodic review can assist with monitoring open encumbrance documents and identifying available funds.

1. Login to your **MyJaxState** account
2. Select the **Finance Self Service** tile
3. Select **My Finance Query**
4. Select **New Query**
5. The **Create New Query** Box will appear

# Encumbrance Query (cont)

6. Select Query Type - **Encumbrance Query**.
7. Select the Fund, Organization, Account (enter 7% for all operating accts or enter a specific acct #) and Program.
8. Commitment Type **“All”**
9. Encumbrance Status- **“Open”** to see current or **“All”** for all expenses in that FOAP.

The screenshot shows a web form titled "Create New Query" with a close button (X) in the top right corner. The form is divided into several sections:

- Select Query Type:** A dropdown menu with "Encumbrance Query" selected.
- Values:** A section containing several fields:
  - Chart \*:** A dropdown menu with "J Jacksonville State University" selected.
  - Index:** A dropdown menu with "Choose Index" selected.
  - Fund:** A dropdown menu with "10000 Current Unrestricted" selected.
  - Organization \*:** A dropdown menu with "62001 Procurement & Fixed Assets" selected.
  - Grant \*:** A dropdown menu with "Choose Grant" selected.
  - Account:** A dropdown menu with "7%" selected.
  - Program:** A dropdown menu with "70 Institutional Support" selected.
  - Activity:** A dropdown menu with "Choose Activity" selected.
  - Location:** A dropdown menu with "Choose Location" selected.
  - Fund Type:** A dropdown menu with "Choose Fund Type" selected.
  - Account Type:** A dropdown menu with "Choose Account Type" selected.
  - Commitment Type:** A dropdown menu with "All" selected.
  - Encumbrance Status:** A dropdown menu with "Open" selected.
  - Fiscal Year \*:** A dropdown menu with "2027" selected.
  - Fiscal Period \*:** A dropdown menu with "14" selected.
- SUBMIT:** A button at the bottom right of the form.

# Encumbrance Query - Review

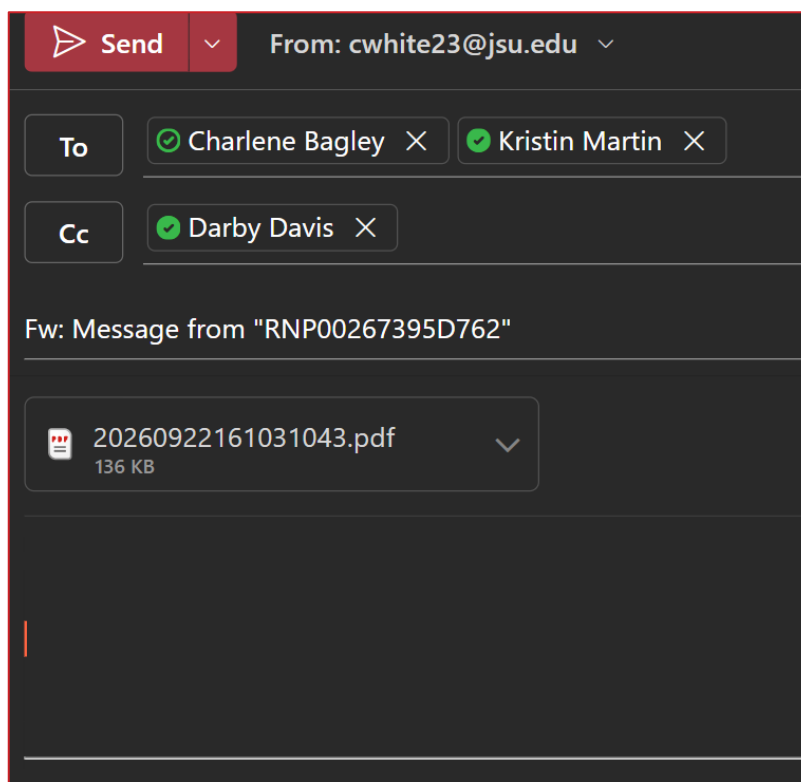
10. Query results reflect the following:

- **Document Codes** – E# or PO#
- **Description**
- **Original Commitment**
- **Encumbrance Adjustments**
- **Encumbrance Liquidations** – each time that E# or PO# was used for payment
- **Year to Date** – how much has been paid on that E# or PO# in that fiscal year
- **Current Commitments** – shows amount available on that document

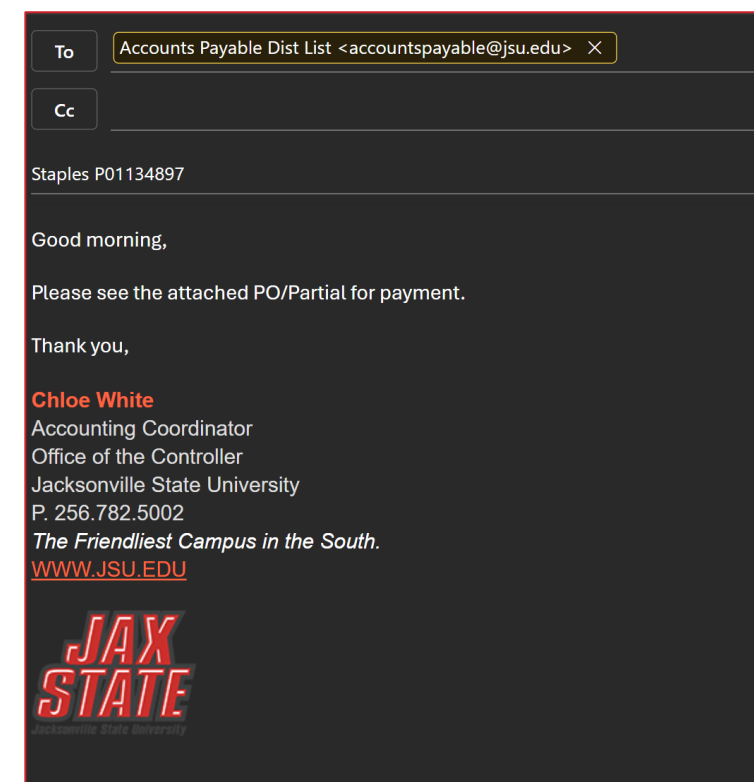
| Controller - 61001            |                 |               |                                     |                      |                         |                          |              |                     |        |             |  |
|-------------------------------|-----------------|---------------|-------------------------------------|----------------------|-------------------------|--------------------------|--------------|---------------------|--------|-------------|--|
| Query Results                 |                 |               |                                     |                      |                         |                          |              |                     |        |             |  |
| Account                       | Account Title   | Document Code | Description                         | Original Commitments | Encumbrance Adjustments | Encumbrance Liquidations | Year to Date | Current Commitments | % Used | Cmt Type    |  |
| 71010                         | Travel Employee | E0147252      | W. Rhea- Data Leadership Summit CON | \$1,415.75           | \$0.00                  | \$0.00                   | \$0.00       | \$1,415.75          | 0.00   | Uncommitted |  |
| Report Total (of all records) |                 |               |                                     | \$1,415.75           | \$0.00                  | \$0.00                   | \$0.00       | \$1,415.75          | 0      |             |  |

# How to send Receiving Copies and Invoices

## Wrong way to send POs



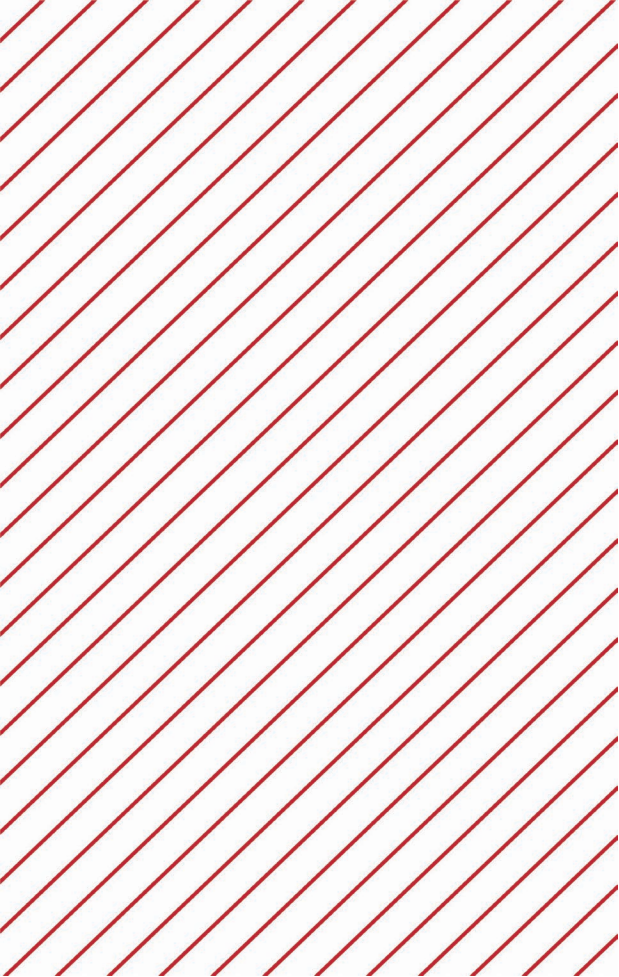
## Right way to send POs



**Please do not send invoices straight from a scanner.** Send invoices from your JSU email with the subject line "Vendor name" and "PO number"

# Who do I send Receiving Copies and Partial Pay Forms to?

- Please send all inquiries, purchase orders, partials, etc. to [accountspayable@jsu.edu](mailto:accountspayable@jsu.edu) rather than the individual's email. This will ensure your email being received in a timely manner, even if someone is out of the office.



# How do I verify funds in my FOAP?

Completing a Budget Query in Banner Finance

# Budget Query

- Query Type – “Budget Status by Account”
- Chart - “J”
- Fund, Org, and Program for department
- Account - “7%”
- Enter the corresponding Fiscal Year
- Fiscal Period “14”

Create New Query

Select Query Type  
Budget Status by Account

Values

Chart\*  
J Jacksonville State University

Index  
Choose Index

Fund  
10000 Current Unrestricted

Organization\*  
62001 Procurement & Fixed Assets

Account  
7%

Program  
70 Institutional Support

Activity  
Choose Activity

Location  
Choose Location

Fund Type  
Choose Fund Type

Account Type  
Choose Account Type

Commitment Type  
All

☐ Include Revenue Accounts

Fiscal Year\*  
2026

Fiscal Period\*  
14

Comparison Fiscal Year  
None

Comparison Fiscal Period  
None

Operating Ledger

Operating Ledger

☒ Adopted Budget ⓘ

☒ Budget Adjustment ⓘ

☒ Adjusted Budget ⓘ

☐ Temporary Budget ⓘ

☐ Accounted Budget ⓘ

☒ Year to Date ⓘ

☒ Encumbrance ⓘ

☐ Reservation ⓘ

☐ Commitments ⓘ

☒ Available Balance ⓘ

SUBMIT

# Check your desired line item

| Procurement & Fixed Assets - 62001 |                             |        |                          |                             |                           |                        |                        |                             |  |  |
|------------------------------------|-----------------------------|--------|--------------------------|-----------------------------|---------------------------|------------------------|------------------------|-----------------------------|--|--|
| Query Results                      |                             |        |                          |                             |                           |                        |                        |                             |  |  |
| Account                            | Account Title               | Health | FY26/PD14 Adopted Budget | FY26/PD14 Budget Adjustment | FY26/PD14 Adjusted Budget | FY26/PD14 Year to Date | FY26/PD14 Encumbrances | FY26/PD14 Available Balance |  |  |
| 71010                              | Travel Employee             | ⚠      | \$1,577.41               | \$398.78                    | \$1,976.19                | \$1,976.19             | \$0.00                 | \$0.00                      |  |  |
| 71020                              | Travel Employee Recruitment | ✅      | \$0.00                   | \$0.00                      | \$0.00                    | \$0.00                 | \$0.00                 | \$0.00                      |  |  |
| 72010                              | Office Supplies             | ⚠      | \$150.69                 | \$288.38                    | \$439.07                  | \$392.11               | \$0.00                 | \$46.96                     |  |  |
| 72106                              | Maintenance Contracts       | ⚠      | \$532.00                 | (\$532.00)                  | \$0.00                    | \$0.00                 | \$0.00                 | \$0.00                      |  |  |
| 72201                              | Postage                     | ✅      | \$0.00                   | \$41.76                     | \$41.76                   | \$41.76                | \$0.00                 | \$0.00                      |  |  |
| 72401                              | Memberships                 | ⚠      | \$545.00                 | \$554.00                    | \$1,099.00                | \$1,099.00             | \$0.00                 | \$0.00                      |  |  |
| 72501                              | Advertising and Promotions  | ⚠      | \$1,727.96               | (\$1,020.88)                | \$707.08                  | \$0.00                 | \$700.00               | \$7.08                      |  |  |
| 72503                              | Printing                    | ✅      | \$0.00                   | \$31.75                     | \$31.75                   | \$31.75                | \$0.00                 | \$0.00                      |  |  |
| 72702                              | Training                    | ✅      | \$0.00                   | \$0.00                      | \$0.00                    | \$0.00                 | \$0.00                 | \$0.00                      |  |  |
| 76008                              | Noncapitalized Equipment    | ⚠      | \$118.40                 | \$1.60                      | \$120.00                  | \$120.00               | \$0.00                 | \$0.00                      |  |  |
| Report Total (of all records)      |                             |        | \$4,651.46               | (\$236.61)                  | \$4,414.85                | \$3,660.81             | \$700.00               | \$54.04                     |  |  |

For example, if you had a \$40.00 order in 72010, it would be allowable. However, if it was in 72201 it would not be.

# Entering Requisitions- Using Multiple FOAPs

- When Requisition items need to be allocated to multiple FOAPs - Click 'Add Accounting' at bottom of the form

|                               |                                |                                                                |
|-------------------------------|--------------------------------|----------------------------------------------------------------|
| Grand Total - All Commodities |                                | 20.00                                                          |
| Grand Total - All Accounting  |                                | 0.00                                                           |
| <a href="#">Back</a>          | <a href="#">Add Accounting</a> | <a href="#">View as PDF</a> <a href="#">Submit Requisition</a> |

- The Accounting detail screen appears - update FOAP as required

1 Requestor Information

2 Vendor Information

3 Add Item & Accounting

Requisition Number (R0118129)

Currency USD

Chart \*  
J Jacksonville State University

Index  
Choose Index

Fund \*  
10000 Current Unrestricted

Organization \*  
61002 Office of Student Accounts

Account \*  
72010 Office Supplies

Program \*  
70 Institutional Support

Activity  
Choose Activity

Location  
Choose Location

Project  
Choose Project

Distribution Amount \*  
10.00

Distribution Percent \*  
50.00000000

Discount Amount  
0.00

Additional Amount  
0.00

Tax Amount  
0.00

Distribution Total  
10.00

Remaining  
0.00

Requisition Summary

Save as draft

Requisition Number  
R0118129

Staples Contract & Commercial Inc. (001094244)  
500 Staples Drive  
Frammingham MA 01702

Commodities (1)

Office Supplies  
Quantity 2.00 @ 10.0000  
Additional Charges 0.00

Funding  
J-10000-61001-72010-70

Accounting Total  
10.00

Commodity Total  
20.00

Balanced  
50%

Grand Total - All Commodities  
20.00

Grand Total - All Accounting  
10.00

[Back](#) [Save](#) [View as PDF](#) [Submit Requisition](#)

# Entering Requisitions- Using Multiple FOAPs

- Enter the corresponding dollar amount to be charged to the new FOAP in the “Distribution Amount”
- The ‘Distribution Percent’ will auto adjust.
- The ‘Split Accounting’ option appears - Click on it or Click Save in the bottom right then Click “Add Accounting” again to add an additional FOAP
- Requisition amount remaining to be distributed is displayed
- Update FOAP as required – Update ‘Distribution Amount’ if needed

- If the ‘Distribution Amount’ is updated, the ‘Split Accounting’ option will again appear for selection
- Repeat above steps until all required accounting information and amounts are correct
- Select ‘Save’
- Confirm that the Grand Total amounts equal requisition items and funding is 100%
- Select ‘View as PDF’ to view and confirm all information appears correct on requisition

1 Requisition Information

2 Vendor Information

**3 Add Item & Accounting**

Requisition Number (R0118129)

Currency USD

Chart \*

J Jacksonville State University

Index

Choose Index

Fund \*

10000 Current Unrestricted

Organization \*

61002 Office of Student Accounts

Account \*

72010 Office Supplies

Program \*

70 Institutional Support

Activity

Choose Activity

Location

Choose Location

Project

Choose Project

Distribution Amount \*

10.00

Distribution Percent \*

50.00000000

Discount Amount

0.00

Additional Amount

0.00

Tax Amount

0.00

Distribution Total

10.00

Remaining

0.00

Requisition Summary

Save as draft

Requisition Number

R0118129

Staples Contract & Commercial Inc. (001094244)

500 Staples Drive

Frammingham MA 01702

Commodities (1)

Office Supplies

Quantity 2.00 @ 10.0000

Discount 0.00

Additional Charges 0.00

Tax 0.00

Funding

Amount

J-10000-61001-72010-70

10.00

Accounting Total

10.00

Commodity Total

20.00

Balanced

50%

Grand Total - All Commodities

20.00

Grand Total - All Accounting

10.00

View as PDF

Submit Requisition

Back

Save

# When to send amended POs

- A Purchase Order needs amendment when the invoice amount is **\$50.00/10%** or more over the Purchase Order amount.
- Enter the PO Amendment Dynamic Form to adjust this amount.

## For Payment

- Wait until your amendment has made it **ALL THE WAY** through approvals
- Once approved - Send the signed Receiving Copy, a copy of your approved amendment, and all other supporting documents to Accounts Payable

# When to send documents for Payment

- All Encumbrances and Purchase Orders should be sent to Accounts Payable by 12:00 Noon on Wednesday to be paid out that week.
- If this deadline is not met, that document will not be paid out until the following week.

# Things to Remember

- Send all payment information to [accountspayable@jsu.edu](mailto:accountspayable@jsu.edu) with the subject line “Vendor Name” “PO#”
- Verify funds are available in your FOAP before sending for payment
- Check FGIENCD or an Encumbrance Query to check balances of POs and Encumbrances
- Wait for amendments to be approved before sending to AP

# Thank you!

For questions regarding Requisitions and PO processing:

[purchasing@jsu.edu](mailto:purchasing@jsu.edu)

For questions regarding vendor payment and partials:

[accountspayable@jsu.edu](mailto:accountspayable@jsu.edu)

