

PAYEES LIST - PAGE 2

FOAP

Lists should only be used when charging one FOAP for multiple payees. Enter "See Attached List" in the Payee field and enter one FOAP on the first line of the Check Request. List must be alphabetized by the last name of each payee. Only one ID per payee is necessary and the Banner ID is preferred.

	BANNER Y#	LAST NAME, FIRST NAME	ADDRESS	CITY, STATE, ZIP	SS# or EIN	AMOUNT
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						
25						
					TOTAL	

PAYEES LIST - PAGE 3

FOAP

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	BANNER Y#	LAST NAME, FIRST NAME	ADDRESS	CITY, STATE, ZIP	SS# or EIN	AMOUNT
26						
27						
28						
29						
30						
31						
32						
33						
34						
35						
36						
37						
38						
39						
40						
41						
42						
43						
44						
45						
46						
47						
48						
49						
50						
TOTAL						