

## INVOICE REQUIREMENTS

- 1) MPM, Inc. makes payment to a supplier by purchase order number and line number. Omitting the purchase order number and line number from the invoice or supplying product to MPM, Inc. without a purchase order number may cause your payment to be delayed, or possibly, to be forfeited.
- 2) MPM, Inc. does not take orders verbally without a signed Purchase Order. MPM, Inc. does not pay Energy/Fuel Surcharges, unless the department making the purchase has authorized these charges by drafting an additional purchase order line.
- 3) All invoices should be emailed to **invoices@mpm1.com** (one attachment per email); Sending multiple invoices per email may result in one or more invoices skipped for unreceived PO lines.
- 4) You may also send invoices via postal mail or by facsimile:

MPM, Inc., Accounts Payable  
2100 S. West St.  
Wichita, KS 67213

**Note: Invoices should NOT be sent to the departments**

## OUTSTANDING PAYMENTS

Machining Programming Manufacturing, Inc. strives to pay all invoices within 30 calendar days of receipt of goods/services and of an invoice. Accounts Payable is responsible for ensuring that all vendor payments are made timely and accurately. However, no payment can be issued until an invoice is received in the Accounts Payable department AND a valid receiving details are processed.



# Vendor ACH Payment Enrollment Form

This form is used for Automated Clearing House (ACH) payments to provide payment related information to your financial institution. You must check with your financial institution to confirm that funds have been deposited.

Please check one of the following:  New  Change

## PAYEE / COMPANY INFORMATION

Name:	MPM, Inc. Account Number:
Current Mailing Address:	
Social Security or Taxpayer ID (required):	Contact Person Name:
Home Telephone:	Mobile Telephone:
Work Telephone:	<b>Remittance</b> Email Address:

## FINANCIAL INSTITUTION INFORMATION

Name:	
Address:	
Nine-digit Routing Transit Number (usually first set of nine-digit numbers at bottom of check):	
Account Number:	
Type of Account:	<input type="checkbox"/> Checking <input type="checkbox"/> Savings
Name of Payee or Authorized Official (please print):	
Signature and Title of Payee or Authorized Official (required):	Date:

**A voided check or Letter from your Bank** verifying ownership of the account in question must accompany this form in order to receive payments electronically. A **Social Security Number or Taxpayer ID** is required for vendor verification.

Send this form and voided check to:

MPM, Inc.  
Attn: Accounts Payable  
2100 South West Street  
Wichita, KS 67213

OR

Forms and **voided** check  
image may be emailed to:

[invoices@mpm1.com](mailto:invoices@mpm1.com)