



Request for Direct Pay/Invoice

Direct Pay Request #: _____
Date: _____

PAYMENT INFORMATION -

PAYMENT INFORMATION -
Vendor #:
Name:
Address:
City **State:** **Zip Code:**
Attention:
Phone:

Fiscal Services Special Instructions

Requirements to be completed to receive payment:

1. Invoice attached-Signed & dated as okay to pay
2. Original reimbursement receipts attached
3. Project Administrator approval below

BUDGET INFORMATION-

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Account Name: _____
Account Number: _____
Direct Pay Request: _____

Items & Description

I, the undersigned, agree that the above information is correct.

Requestor's Signature

Project Administrator Approval

Dean Approval

V.P., Admin. Serv./Fiscal Serv. Dir Approval

Select One	<input checked="" type="checkbox"/>	
Contract Ed	<input type="checkbox"/>	
Foundation	<input type="checkbox"/>	Office Use Only
ISD	<input type="checkbox"/>	Check #
SAC	<input type="checkbox"/>	Issue Date