



Accounts Payable Direct Payment Request

1 VENDOR (Make Check Payable To:)

Vendor Name, Address, City, State, Zip Code, Vendor #, 204 attached or W-9

2 INVOICE

Amount, Invoice #, Inv Date, Today's Date, Type of request: Equipment, Furniture, Reimbursement, Services performed, Other allowable transaction

3 CHARTFIELD

If invoice total is to be charged to one chartfield string, complete this segment.

Account, Fund, DeptID, Project, Program, Class

For multiple chartfield strings, leave above segment blank. Click here for multiple chartfield page.

Total from Multiple chartfield worksheet \$ 0.00

4 DEPARTMENT APPROVAL

Department, Requested by, Approved by, Date, Extension, Signature

ORSP:

Approved by, Signature

5 DISBURSEMENT

Attach to check, Mail check, Pick up check, Contact person, Ext

Person approving this request must have signature authority for the listed chartfields.

Attach invoice to signed copy of Direct Pay Request.

Forward Direct Pay Request to Accounts Payable, ADM 351.

This form is not to be used for reportable payments; stipends; honoraria; equipment, furniture or reimbursements over \$1,000 or services performed at a university location. Reimbursements > 90 days require VP approval.

### Multiple chartfield strings for Direct Pay Request

|    | Description | Account | Fund | DeptID | Project | Program | Class | Amount |
|----|-------------|---------|------|--------|---------|---------|-------|--------|
| 1  |             |         |      |        |         |         |       |        |
| 2  |             |         |      |        |         |         |       |        |
| 3  |             |         |      |        |         |         |       |        |
| 4  |             |         |      |        |         |         |       |        |
| 5  |             |         |      |        |         |         |       |        |
| 6  |             |         |      |        |         |         |       |        |
| 7  |             |         |      |        |         |         |       |        |
| 8  |             |         |      |        |         |         |       |        |
| 9  |             |         |      |        |         |         |       |        |
| 10 |             |         |      |        |         |         |       |        |
| 11 |             |         |      |        |         |         |       |        |
| 12 |             |         |      |        |         |         |       |        |
| 13 |             |         |      |        |         |         |       |        |
| 14 |             |         |      |        |         |         |       |        |
| 15 |             |         |      |        |         |         |       |        |
| 16 |             |         |      |        |         |         |       |        |
| 17 |             |         |      |        |         |         |       |        |

Total of this worksheet must equal amount from section 2 on page 1.

|      |
|------|
| 0.00 |
|------|