



Request for Direct Payment

Date: _____

This form is to be used for the payment of professional services such as speakers, musical organizations, doctors, etc., for memberships, dues and cash advances, for payments to individual employees or others **where invoices or statements are not normally issued by the payee.** This form should NOT be used where Purchase Orders have been issued by the Purchasing Department in advance of commitment.

I, _____, request that the following payment be made.
(Signature of Claimant)

I, _____, certify that this material or service has been received upon payment.
(Signature of Supervisor, Dean or V-Pres) In case of material, receipts for such are attached.

I certify that this payment does not represent a payment for material or service upon which a purchase order had previously been issued through the Purchasing Department.

PAY TO: _____

S.S.#/FED ID#: _____
(Must attach W-9 if new vendor)

ADDRESS: _____

ITEMIZATION , DETAIL OR PURPOSE: _____

DATE NEEDED: _____ SELECT ONE: Mail Pick Up

CHARGE TO ACCOUNT NAME: _____

ACCOUNT CODE#: _____ AMOUNT: \$ _____

ACCOUNT CODE#: _____ AMOUNT: \$ _____

TOTAL: \$ _____