

DIRECT PAY FORM

THIS FORM SHALL BE USED FOR AUTHORIZED DIRECT PAY TRANSACTIONS ONLY.

NAME/PAYEE: _____

DATE PREPARED: _____

ADDRESS: _____

CONTACT/REQUESTED BY: _____

CITY/ST/ZIP: _____

CONTACT PHONE: _____

PHONE: _____

DEPARTMENT: _____

CHECK THE APPLICABLE ITEM BELOW.

A*

B

C

- | | | |
|--|---|---|
| <input type="checkbox"/> Ads for Recruitment (not placed by HR) that do not require PO | <input type="checkbox"/> Accreditation Fees | <input type="checkbox"/> Medical Exams/Fingerprinting |
| <input type="checkbox"/> Ads placed in Poly Post | <input type="checkbox"/> Candidate Lodging & Meals-Kellogg West | <input type="checkbox"/> New hire Reimburse of Relocation Exp |
| <input type="checkbox"/> Books | <input type="checkbox"/> Candidate Reimb. of Interview Expenses | <input type="checkbox"/> Permit Fees |
| <input type="checkbox"/> Certification & Renewal Fees | <input type="checkbox"/> Excess Copy Charges on Lease Equip | <input type="checkbox"/> Registration for Classes/Conferences |
| <input type="checkbox"/> Citation, Booking & Processing Fees | <input type="checkbox"/> Exhibitor Fees | <input type="checkbox"/> Room Rental at Kellogg West, BSC |
| <input type="checkbox"/> Memberships & Subscriptions | <input type="checkbox"/> Food/Beverages Meet Hospitality Policy | <input type="checkbox"/> U.S. Postmaster-Postage Meter |
| Expiration Date ____/____/____ | <input type="checkbox"/> Honorariums/Guest Lecturer | |
| | <input type="checkbox"/> Insurance Premiums for Risk Mgmt | |

***Please consider use of the Procurement Card for items in Column A**

ORIGINAL DOCUMENTS, RECEIPTS, INVOICES, ETC., MUST BE INCLUDED WITH THIS SIGNED ORIGINAL FORM.

Description of State Business Purpose for the Expenditure(s) Requested	Amount
TOTAL TO BE PAID:	

CHARTFIELD	ACCOUNT	FUND	DEPT	PROGRAM	CLASS	PROJECT	AMOUNT	
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CHARTFIELD	ACCOUNT	FUND	DEPT	PROGRAM	CLASS	PROJECT	AMOUNT	
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CHECK DELIVERY OPTION:

- Mail to Payee Call for Pick Up
Daily between 2pm and 4pm

DATE CHECK REQUIRED (Be Specific) _____

I HEREBY CERTIFY/AUTHORIZE THAT THIS EXPENDITURE IS NECESSARY FOR THE UNIVERSITY'S MISSION.

Approved by _____ Date _____

Approved by _____ Date _____

Print/Type: _____

Print/Type: _____

FISCAL YEAR: _____