

DIRECT PAYMENT FORM

Internal Office Use:

Vendor # _____

Document # _____

This form is used to authorize payment to a company or individual when a requisition/purchase order is not required. **Original** itemized receipt (s) and/or invoice (s) must be attached. This form is not to be utilized for travel reimbursements. Completed forms should be sent to the Accounts Payable Office. Incomplete forms will be returned.

Date: _____

This Payment Request is for:

- | | |
|--|--|
| ____ Registration – Conference/Event | ____ Other |
| ____ Reimbursement to Employee/Student (Excluding Travel) | ____ Membership |
| ____ Subscription/Periodical | ____ Lodging (Conf # _____) |
| ____ Stipend – Award to Student | ____ After-the-Fact (invoice attached) |
| ____ Honorarium/Speaker Fees (An honorarium is a non-tax payment to an individual/organization for a special and non-recurring activity, service or event. A completed/signed W-9 must accompany this form.) | ____ Travel Advance |
| | ____ Payment to Officials |

Payee Information	Payment Information
Name: _____	Check Total Amount _____
Address: _____	Date Check Needed: _____
City: _____	____ US Mail ____ Campus Mail
State _____ Zip Code: _____	Dept _____
____ Completed/signed W-9 form <i>W-9 is required when compensation is remitted to individuals who provide services to CU, but are not employees.</i>	____ Mail attached with Check (Must provide 2 copies: (file copy/mail copy))

Accounting*				
	Description	SAP Cost Center/WBS	SAP GL Account	Amount
1				
2				
3				
4				
Total				0

Justification of Request – Describe who, what, why, when, where

Any request for reimbursement must include an itemized receipt for the item(s) purchased. For reimbursements of food expense, include the reason (tie to University function/mission), the persons attending (CU and non – CU), and attach itemized receipts from the restaurant. Any request without required documentation will be returned.

Approval

Requestor:	_____	_____	_____	_____
	(Print Name)	(Signature)	(Date)	(Phone#)
Supervisor/VP:	_____	_____	_____	
	(Print Name)	(Signature)	(Date)	
Accounting:	_____	_____	_____	
	(Print Name)	(Signature)	(Date)	

*Please make sure that you entered the accounting information.

Accounts Payable Form: Revised 09/13