

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:

- | | |
|---|--|
| <input type="checkbox"/> Registration – Conference/Event | <input type="checkbox"/> Other |
| <input type="checkbox"/> Reimbursement to Employee/Student (Excluding Travel) | <input type="checkbox"/> Membership |
| <input type="checkbox"/> Subscription/Periodical | <input type="checkbox"/> Lodging (Conf # _____) |
| <input type="checkbox"/> Stipend – Award to Student | <input type="checkbox"/> After-the-Fact (invoice attached) |
| <input type="checkbox"/> Honorarium/Speaker Fees (<i>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.</i>) | <input type="checkbox"/> Travel Advance |
| | <input type="checkbox"/> Payment to Officials |

Payee Information	Payment Information
Name: _____	Check Total Amount _____
Address: _____	Date Check Needed: _____
City: _____	<input type="checkbox"/> US Mail <input type="checkbox"/> Campus Mail
State _____ Zip Code: _____	Dept _____
<input type="checkbox"/> Completed/signed W-9 form <small><i>W-9 is required when compensation is remitted to individuals who provide services to CU, but are not employees.</i></small>	<input type="checkbox"/> 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.