## 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 <u>not</u> to be utilized for travel reimbursements. Completed forms should be sent to the Accounts Payable Office. Incomplete forms will be returned.

ine Accounts Lu	Date:					
This Payment Request is for:  Registration – Conference/Event Reimbursement to Employee/Student (Excluding Subscription/Periodical Honorarium (may not exceed \$100)			g Travel)	Lodging (C	Other Membership Lodging (Conf #) Award to Student (may not exceed \$100)	
Payee Information			Payment Info			
Name:			Check Total Amount			
Address:			Date Check Needed:			
City:			US Mail Campus Mail Dept			
W-9 is requir	Zip Code:ed/signed W-9 form  ed when compensation is remitted to ind  wide services to CU, but are not employe	ividuals	Mail attached wi	th Check (Must pro	ovide 2 copies:	
Į.		Aco	counting*			
	Description	SA	AP Cost Center/WBS	SAP GL Account	Amount	
1						
2						
3						
4						
Total					0	
Any request for re (tie to University)	of Request — Describe who, when the simbursement must include an itemized refunction/mission), the persons attending nation will be returned.	eceipt for ti	he item(s) purchased. For rei			
_			**			
Requestor:	(Print Name)	(Signatur	re) (Date)	(P	hone#)	
Supervisor:	(Signature) (Signature)		re) (Date)			
Grant Manager:  (Print Name)  (Signate		re) (Date)				
Accounting:	(Print Name)	(Signati	ure) (Date)	)		
Finance & Adm	nance & Admin:  (Print Name)  (Signature)		re) (Date)		Revised Finance and Admin. 3/2	