Internal Office Use:
Vendor # _____
Document # _____

DIRECT PAYMENT FORM

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
- ☐ Reimbursement to Employee/Student (Excluding Travel)
- ☐ Subscription/Periodical
- ☐ Honorarium (may not exceed $100)
- ☐ Other
- ☐ Membership
- ☐ Lodging (Conf # _____)
- ☐ Award to Student (may not exceed $100)

Payee Information

Name: _____

Address: _____

City: _____

State _____ Zip Code: _____

__ Completed/signed W-9 form
W-9 is required when compensation is remitted to individuals who provide services to CU, but are not employees.

Payment Information

Check Total Amount _____

Date Check Needed: _____

☐ US Mail ☐ Campus Mail
Dept _____

☐ 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				**$ 0.00** 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: _____ (Print Name) _____ (Signature) _____ (Date)

Grant Manager: _____ (Print Name) _____ (Signature) _____ (Date)

Accounting: _____ (Print Name) _____ (Signature) _____ (Date)

Finance & Admin: _____ (Print Name) _____ (Signature) _____ (Date)