



DIRECT PAYMENT REQUEST FORM INSTRUCTIONS

PAYEE/PAYMENT TYPE

1. Starting at top of list, check first line that describes payee and expenditure type
2. Enter taxpayer identification number (social security or employer) as indicated
3. Attach supporting documentation and, for new vendors, IRS Form W-9 (except as noted below).

UNIVERSITY EMPLOYEE

IRS Form W-9 not required

EXPENSE REIMBURSEMENT (*Purchases under \$500, not for Travel or Local Business*)

PRE-MOVE, MOVING, OR RELOCATION EXPENSES

Required Documentation: Original Receipt(s)

NONRESIDENT ALIEN

Must Enter SSN or EIN and Permanent Home Address; IRS Form W-9 not required

EXPENSE REIMBURSEMENT

Required Documentation: Original Receipt(s)

INDEPENDENT PERSONAL SERVICES

Required Documentation: LIU NRA Information Form and IRS Form 8233 for treaty, if eligible

MEDICAL CARE PROVIDER or ATTORNEY/LEGAL SERVICES & SETTLEMENTS

Must Enter SSN or EIN

MEDICAL CARE PROVIDER

Required Documentation: Original Invoice

ATTORNEY/LEGAL SERVICES & SETTLEMENTS

Required Documentation: Original Invoice or Settlements Agreements approved by General Counsel

NON-EMPLOYEE

Must Enter SSN or EIN and Permanent Home Address

(SSN or EIN not required for Expense Reimbursement or Refund)

EXPENSE REIMBURSEMENT

Required Documentation: Original Receipt(s); IRS Form W-9 not required

REFUND

Required Documentation: Copy of Deposit of Funds form or Account Statement; IRS Form W-9 not required

SUBJECT FEE/ TEST PATIENT

Required Documentation: Independent Contractor and Substitute W-9 Form

CERTIFIED SPORTS OFFICIAL

Required Documentation: Assignor Invoice

SOLE ENTERTAINER UNDER \$1,000

Required Documentation: Independent Contractor and Substitute W-9 Form

SPEAKER/LECTURE FEE

Required Documentation: Independent Contractor and Substitute W-9 Form

PROFESSIONAL SERVICES UNDER \$5,000

Required Documentation: Independent Contractor and Substitute W-9 Form

PRIZE or AWARD

Required Documentation: Under Explanation of Charges-Date of Prize or Award

OTHER

EMERGENCY PURCHASED UNDER \$500

Required Documentation: Original Invoice

DUES/SUBSCRIPTIONS/LICENSES/PERMITS

Required Documentation: Original Invoice or Completed Order

WEBINAR REGISTRATION

Required Documentation: Original Invoice or Completed Order or Registration Form

PETTY CASH FUND REIMBURSEMENT

Required Documentation: Original Receipts; IRS Form W-9 not required

U.S. POSTMASTER POSTAGE

Required Documentation: Permit number-Under Explanation of Charges; IRS Form W-9 not required



| FINANCE USE ONLY | |
|-------------------|-----------------|
| VENDOR # _____ | VOUCHER # _____ |
| VENDOR TYPE _____ | 1099 TYPE _____ |
| DO NOT COMBINE | |

DIRECT PAYMENT REQUEST

[Click here to view policy](#)

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|----------------------------------|--|--------|------------|---------|------------|---------|--------|--|-------|-------|-------|-------|----------|--|-------|-------|-------|-------|----------|--|-------|-------|-------|-------|----------|--|---|--|--|--|----------|--|----------------------|--|--|--|----------|
| ISSUE CHECK TO: | PAYEE'S LEGAL NAME _____ DATE REQUESTED (mm/dd/yyyy) _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | PERMANENT HOME STREET ADDRESS _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | PO BOX NUMBER OR APARTMENT NUMBER _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | CITY _____ STATE _____ ZIP or FOREIGN COUNTRY _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| TAXPAYER ID NUMBER | ENTER TAXPAYER IDENTIFICATION NUMBER (SOCIAL SECURITY OR EIN) FOR PROVIDERS OF LEGAL OR MEDICAL SERVICES AND FOR ALL NON-EMPLOYEES PROVIDING SERVICES SOCIAL SECURITY NUMBER: _____ EIN: _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SPECIAL HANDLING | <div style="display: flex; justify-content: space-around;"> * ENVELOPE ATTACHED * ENCLOSURE PICK UP INTER-OFFICE </div> <p>*ADDRESSED ENVELOPE MUST BE ATTACHED IF CHECK IS TO BE SENT TO A DIFFERENT LOCATION FROM PAYEE ADDRESS ABOVE, OR FOR BULKY ENCLOSURES</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| WIRE TRANSFER | WIRE TRANSFER NEEDED (ADDITIONAL CHARGES WILL APPLY). ATTACH COMPLETED WIRE TRANSFER REQUEST FORM | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CHECK STUB | ENTER THE INFORMATION THAT SHOULD APPEAR ON THE CHECK STUB TO IDENTIFY THE DISBURSEMENT TO THE RECIPIENT ie: TYPE OF PAYMENT, DATE(S), INV NUMBER OR NAME (35 Characters only) _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| EXPLANATION OF CHARGES | <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;"></td> <td style="width: 15%; text-align: center;">Fund</td> <td style="width: 15%; text-align: center;">OpUnit</td> <td style="width: 15%; text-align: center;">Department</td> <td style="width: 15%; text-align: center;">Account</td> <td style="width: 20%; text-align: right;">AMOUNT</td> </tr> <tr> <td></td> <td style="text-align: center;">-----</td> <td style="text-align: center;">-----</td> <td style="text-align: center;">-----</td> <td style="text-align: center;">-----</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td></td> <td style="text-align: center;">-----</td> <td style="text-align: center;">-----</td> <td style="text-align: center;">-----</td> <td style="text-align: center;">-----</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td></td> <td style="text-align: center;">-----</td> <td style="text-align: center;">-----</td> <td style="text-align: center;">-----</td> <td style="text-align: center;">-----</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td></td> <td colspan="4">TOTAL FROM CHARTFIELD EXTENSION FORM (ATTACH FOR ADDITIONAL CHARTFIELDS)</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td></td> <td colspan="4" style="text-align: center;">TOTAL CHARGES</td> <td style="text-align: right;">\$ _____</td> </tr> </table> | | Fund | OpUnit | Department | Account | AMOUNT | | ----- | ----- | ----- | ----- | \$ _____ | | ----- | ----- | ----- | ----- | \$ _____ | | ----- | ----- | ----- | ----- | \$ _____ | | TOTAL FROM CHARTFIELD EXTENSION FORM (ATTACH FOR ADDITIONAL CHARTFIELDS) | | | | \$ _____ | | TOTAL CHARGES | | | | \$ _____ |
| | Fund | OpUnit | Department | Account | AMOUNT | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | ----- | ----- | ----- | ----- | \$ _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | ----- | ----- | ----- | ----- | \$ _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | ----- | ----- | ----- | ----- | \$ _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | TOTAL FROM CHARTFIELD EXTENSION FORM (ATTACH FOR ADDITIONAL CHARTFIELDS) | | | | \$ _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | TOTAL CHARGES | | | | \$ _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CHARTFIELDS TO BE CHARGED | <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;"></td> <td style="width: 15%; text-align: center;">Fund</td> <td style="width: 15%; text-align: center;">OpUnit</td> <td style="width: 15%; text-align: center;">Department</td> <td style="width: 15%; text-align: center;">Account</td> <td style="width: 20%; text-align: right;">AMOUNT</td> </tr> <tr> <td></td> <td style="text-align: center;">-----</td> <td style="text-align: center;">-----</td> <td style="text-align: center;">-----</td> <td style="text-align: center;">-----</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td></td> <td style="text-align: center;">-----</td> <td style="text-align: center;">-----</td> <td style="text-align: center;">-----</td> <td style="text-align: center;">-----</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td></td> <td style="text-align: center;">-----</td> <td style="text-align: center;">-----</td> <td style="text-align: center;">-----</td> <td style="text-align: center;">-----</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td></td> <td colspan="4">TOTAL FROM CHARTFIELD EXTENSION FORM (ATTACH FOR ADDITIONAL CHARTFIELDS)</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td></td> <td colspan="4" style="text-align: center;">TOTAL CHARGES</td> <td style="text-align: right;">\$ _____</td> </tr> </table> | | Fund | OpUnit | Department | Account | AMOUNT | | ----- | ----- | ----- | ----- | \$ _____ | | ----- | ----- | ----- | ----- | \$ _____ | | ----- | ----- | ----- | ----- | \$ _____ | | TOTAL FROM CHARTFIELD EXTENSION FORM (ATTACH FOR ADDITIONAL CHARTFIELDS) | | | | \$ _____ | | TOTAL CHARGES | | | | \$ _____ |
| | Fund | OpUnit | Department | Account | AMOUNT | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | ----- | ----- | ----- | ----- | \$ _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | ----- | ----- | ----- | ----- | \$ _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | ----- | ----- | ----- | ----- | \$ _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | TOTAL FROM CHARTFIELD EXTENSION FORM (ATTACH FOR ADDITIONAL CHARTFIELDS) | | | | \$ _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | TOTAL CHARGES | | | | \$ _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| REQUESTED BY: | NAME _____ DATE NEEDED (mm/dd/yyyy) _____ DEPT. _____ PHONE _____ BLDG. _____ ROOM _____ E-MAIL ADDRESS _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| APPROVALS | DEPARTMENT HEAD _____ DATE _____ DEAN OR ADMINISTRATIVE HEAD _____ DATE _____ CAMPUS FINANCIAL SERVICES _____ DATE _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |