

Direct Payment Request

Purpose of payment (Cash Advance, Reimbursement, Vendor Invoice/Receipt):

Check Instructions

Mail To Vendor

Department Pick Up

Contact

Phone #

Payable To:

Campus & Dept.

OR Address

Vendor/Colleague Number:

Department - Make sure funds are available to cover this payment:

Account Number

Amount

Total

Completed By & Ext:

Manager Approval:

District Approval:

Date

Date

Date