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Virginia Commonwealth University

Direct Pay / General Encumbrance

This payment form is designed to facilitate and expedite departmental requests for payment.
Complete the form, attach the original paperwork and send to Accounts Payable (Box 980327) for processing.
Keep a copy for department records.

Banner Vendor Number (if known)

Vendor/Payee's ID Number:

Check the appropriate box:

☐ FIN – Federal Tax Identification Number, **or** ☐ SSN – Social Security Number

Vendor/Payee's Name:

Vendor/Payee's Address:

Business Purpose/Justification:

Total Amount:

Banner Account Distribution:

Index	Account	Amount

Direct Pay:

☐ Research / Survey Participant ☐ Petty Cash Custodian ☐ Personal Reimbursement

General Encumbrance:

☐ Sub Award

Department Contact:

Name Phone Number

Requestor Signature:

Signature **Printed Name** **Date**

Approver Signature:

Signature **Printed Name** **Date**

AP USE ONLY

Document Number:

Signature:

Date:

Revised November 2008