

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:

Personal Reimbursement Research / Survey Participant Petty Cash Custodian

General Encumbrance:

Post Doc Sub Award Other

Department Contact: _____

Name

Phone Number

Requestor Signature: _____

Signature

Printed Name

Date

Approver Signature: _____

Signature

Printed Name

Date

| | |
|-------------------------|-------|
| AP USE ONLY | |
| Document Number: | _____ |
| Signature: | _____ |
| Date: | _____ |