**REQUEST FOR DIRECT PAYMENT**

**USE OF THIS FORM IS LIMITED to payments outlined below.** Most items should be procured utilizing a System or university contract**.** Please attach appropriate documentation (receipt, quote, invoice, etc.) along with any related backup information and submit to your **Accounts Payable Department.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Requestor Name: |  | | Date Prepared: |  |
|  |  | |  |  |
| Requestor Department: | |  | | |

|  |  |
| --- | --- |
| **Payee Information** | |
|  |  |
| Supplier Name: |  |
| Check if employee |  |
|  |  |
| Accounts Payable Vendor Number: |  |
|  |  |
| Supplier Address: |  |

|  |  |  |
| --- | --- | --- |
| **Payment Information** | | |
| Expense Justification: |  | |
| Amount: | | |
| **Accounting Information:** | | |
| Fund Center: | Commitment Item (CI): |  |
| Fund Res (FR) #: | FR Line #: |  |
| **Special Instructions:** |  | |

|  |  |
| --- | --- |
| **University Approval**  I authorize payment and certify this expense is accurate and was incurred for appropriate university purposes. | |
| Supervisor (print name) | |
| Signature: | Date: |
| A&F VP (for After the Fact purchases if required by your university)  Signature: NOT REQUIRED FOR SHIPPENSBURG UNIVERSITY | Date: |

**Instructions for Request Form**

1. This form should be used to request reimbursement or payment for the following items:
   * Professional membership dues and subscriptions. The membership/subscription order or renewal form must be included with this form. (Reminder: SPC’s may be needed over $5,000 and sole source approval is needed over bid threshold).
   * Legal fees, regardless of dollar amount (must follow ULC process for retaining legal services).
   * Goods, services, and supplies already received **up to $5,000.**
   * Athletic Officials (outside of Arbiter contract) regardless of dollar amount.
   * Student awards (student research, etc.) and student musicians who are non-payroll, regardless of dollar amount.
   * Bulk mailing requests.
   * Tuition waiver payments to other PASSHE universities *(for Bursar use only).*
   * Stipend payments to research subjects and students on campus under grant programs.
   * Payments to return unexpended grant funds to awarding agencies *(grant accounting only).*
   * Reimbursements from grant funds to outside vendors as per the terms of the grant agreement *(grant accounting only)*.
   * Miscellaneous refunds (i.e., camps, etc.).
   * Non-travel related funding for approved student organizations.
2. Supporting documentation must be included (i.e., invoice with signature/date approval).
3. This form should not be used for: Proper Method:

|  |  |
| --- | --- |
| 1. Travel reimbursements | Travel expense report |
| 1. Off-campus business meals | Travel expense report |
| 1. Mileage reimbursement for speakers/candidates | Travel expense report |
| 1. IT-related purchases | SourcePoint purchase requisition |

1. Proper authorization (signatures) must be obtained; the requester of the form cannot be the approver.
2. Contact your Accounts Payable Department with any questions concerning this form.

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| **Accounts Payable Review** | |
| AP Supervisor (print name): | Date: |
| Signature: | Document #: |