



## 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

Supplier Address:

**Payment Information**

Expense Justification:	
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**Amount:**

**Accounting Information (required):**

Fund Center:		Commitment Item (CI):	
<b>Fund Res (FR) #:</b>		FR Line #:	

Special Instructions:	
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**University Approval**

I authorize payment and certify this expense is accurate and was incurred for appropriate university purposes.

Supervisor (director, dept chair, manager, etc.; *print name*):

Supervisor Signature:	Date:
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A&F VP (required for direct payments greater than \$5,000.00) Signature:	Date:
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**Instructions for Request Form**

1. This form should be used to request payment for the following items, up to \$5,000:
  - 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. This form should be used to request reimbursement, up to \$300. Please note that the following items are still to be excluded from reimbursement (documentation/Itemized receipt required):
 

• Meals	• Services	• Alcoholic Beverages
• Travel Reimbursements	• Postage	• Personal Items
• Gift Cards	• PA Sales Tax	• Printing & Duplication
• Items w/ SU Logo or Trademark	• Membership or Subscriptions	• Computer Hardware & Software
• Items not used for the normal conduct of official SU Business		
  
3. Supporting documentation must be included (i.e., receipt or invoice with signature/date approval).
4. Proper authorization (signatures) must be obtained; the requester of the form cannot be the approver.

5. This form should not be used for: Proper Method:

a. Travel and meal reimbursements	Travel expense report
b. Off-campus business meals	Travel expense report
c. Mileage reimbursement for speakers/candidates	Travel expense report
d. IT-related purchases	SourcePoint purchase requisition

6. Contact your Accounts Payable Department with any questions concerning this form.

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