

Return Routing Instructions:

_____ Needs original or itemized receipt
 _____ Needs Business Purpose
 _____ Needs Signatures
 _____ Need Invoice
 _____ Other _____

Date _____
 Vendor# _____
 Doc# _____ AP Use Only

**Idaho State University
 Direct Payment Form**

**Please fill out ALL information and submit to the Accounts Payable Office for processing.
 If you have any questions, please call 282-2511 for assistance.**

Vendor Information:

Payee: _____

Address: _____ * Campus Address for Employees of the University

City: _____ State: _____

Country: _____ Zip: _____ Telephone Number: _____

The University requires W9 Tax Information on file in the Accounts Payable Office before payments are issued.

Vendor Type:

_____ Faculty/Staff _____ Student _____ Other _____ Non-Resident Alien

Type of Payment (Check the one that applies and attach related documentation)

_____ Reimbursement _____ Participant Award Stipend
 _____ Invoice _____ Scholarship/Stipend/Award/Fellowship for Students
 _____ Prepayment (no purchase order) _____ Research Subject Participation Payment
 _____ Honorarium _____ Refunds
 _____ Subscription _____ Other-Specify _____

Accounting Information

| | Invoice date | Invoice # | Index | Account Code | Activity Code | Amount |
|--------------|--------------|-----------|-------|--------------|---------------|--------|
| 1 | | | | | | |
| 2 | | | | | | |
| 3 | | | | | | |
| 4 | | | | | | |
| 5 | | | | | | |
| Total | | | | | | |

Signatures

| | | |
|----------------------------------|-----------------------------------|---------|
| _____ | _____ | _____ |
| Contact Person/Prepared By | Requesting Department | Phone # |
| _____ | _____ | _____ |
| Signature of Account Director/PI | Print Name of Approval/Authorized | Date |
| _____ | _____ | _____ |
| Signature of UBO | Printed Name of UBO | Date |

Each signature (payee, departmental approval, etc) will be interpreted as certification that all expenditures are valid with respect to business purpose, were authorized in advance to the extent possible, reasonable in amount, and have been documented as defined in our Manuals of Administrative Policies and Procedures.

Finance and Administration Approval and Routing Use Only

| | | |
|---------------------------|------------------------|---------------|
| Enclosure _____ | Accounting _____ | Payroll _____ |
| Taxable Fringe for: _____ | Grant Accounting _____ | |
| Banner ID & Name | | |
| Amount _____ | EPLS _____ | |

Original Invoice must be attached to this form. If you only have a statement, please contact the vendor and obtain an invoice.