

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	Amount	
1						
2						
3						
4						
5						
<b>Total</b>						

**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 \_\_\_\_\_  
 Taxable Fringe for: \_\_\_\_\_ Grant Accounting \_\_\_\_\_  
 Banner ID & Name \_\_\_\_\_ Payroll \_\_\_\_\_  
 Amount \_\_\_\_\_

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