

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)

_____ Reimburse Employee _____ Participant Award Stipend

_____ Moving Reimbursement _____ Scholarship/Stipend/Award/Fellowship for Students

_____ Recruitment _____ Research Subject Participation Payment

_____ Speaker/Entertainer/Artist<=3000 _____ Refunds

_____ Subscription/Membership/Dues _____ Other-Specify _____

Accounting Information

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

Business Purpose/Reason for Payment: _____

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

Accounting _____ Grant Accounting _____ EPLS _____

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