UNIVERSITY OF SOUTH ALABAMA
DIRECT PAY REQUEST

DATE	REQUEST NO.

Requestor Information	Payee Information
NAME:	NAME:
DIVISION:	ADDRESS 1:
DEPT:	ADDRESS 2:
BLDG:	CITY:
ROOM:	STATE: ZIP:
PHONE:	PHONE:
FAX:	FAX:
	J#: SSN:

Return check to (select one): ◯ Bursar ◯ Payee ◯ Department ◯ Other (Specify):

FUND	ORGN	ACCT	PROG	ACTIVITY	QTY	DESCRIPTION	UNIT COST	TOTAL
								$0.00
								$0.00
								$0.00
								$0.00
								$0.00
								$0.00
								$0.00
								$0.00
								$0.00
							Total	$0.00

1. After departmental approvals are obtained, submit original copy of this form to the Accounting Department.
2. Attach either an original invoice or original receipt.
3. For membership and subscriptions, attach the order or renewal form.
4. Do not input an on-line requisition when using this form.
5. **If this payment is to a NON-U.S. Citizen for Honoraria go to http://www.southalabama.edu/financialaffairs/taxaccounting/honoraria.html**
6. **If this payment is to a NON-U.S. company contact the Payroll Office 460-6654.**
7. **If this payment is to a NON-U.S. Citizen for other purposes contact the Payroll Office 460-6654.**

Special Instructions:

Approvals

Requestor's Signature _____ Date: _____

Request Approved _____ Date: _____

Request Approved _____ Date: _____

Request Approved _____ Date: _____

Request Approved _____ Date: _____