



DISTRICT ACCOUNTS PAYABLE OFFICE
FOUNDATION DIRECT PAY REQUEST
 (DO NOT USE FOR MILEAGE, TRAVEL, OR PROFESSIONAL SERVICES)

For Accounting Use Only
BANNER ID:
BANNER INV:

Date of Request _____ Date Check Required _____ Your Reference # _____
 (Optional ID)

Make Check Payable To:
 (Please Print)

Remit To Address:
 (Please Print)

PLEASE LIST THE INVOICES BELOW: (PROVIDE COMPLETE EXPLANATION AND ATTACH ORIGINAL RECEIPTS)

Required:

INDEX (6 digits)	FUND (6 digits)	ORG (6 digits)	ACCT (4 digits)	PROG (6 digits)	AMOUNT
TOTAL:					

Requested by: _____
 First & Last Name (Please Print) Extension Date EMPLOYEE Signature (Required)

Approved by: _____
 First & Last Name (Please Print) Extension Date APPROVER Signature (Required)

Approved by: _____
 FOUNDATION DIRECTOR First & Last Name (Please Print) Extension Date DIRECTOR Signature (Required)

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