



DISTRICT ACCOUNTS PAYABLE OFFICE
OEI - Online Education Initiative
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)

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: _____

First & Last Name (Please Print)
Extension
Date
APPROVER Signature (Required)