

DIRECT PAY REQUEST

(DO NOT USE FOR MILEAGE, TRAVEL, OR PROFESSIONAL SERVICES)

For Accounting Use Only					
BANNER ID:					
BANNER INV:					

ate of Request	Date	e Check Required		Your Reference #		
_					(Optional)	
lake Check Payab Please Print)	le To:			Remit To Address: (Please Print)		
	INVOICES DEL OVA	L (DDO)/IDE OON	ADLETE EVOLANA	TION AND ATTAOU OD	IOINAL DECEIDT	
EASE LIST THE	INVOICES BELOW	7: (PROVIDE CON	IPLETE EXPLANAT	TION AND ATTACH OR	IGINAL RECEIPT	
equired:			T			
NDEX (6 digits)	FUND (6 digits)	ORG (6 digits)	ACCT (4 digits)	PROG (6 digits)	AMOUNT	
				TOTAL:		
equested by:						
	First & Last Name (Ple	ease Print) Ex	tension Date	EMPLOYEE Si	gnature (Required)	
proved by:						
	First & Last Name (Ple	ease Print) Fx	tension Date	APPROVER S	gnature (Required)	

Please refer to Delegations of Purchasing and Contracting Authority at: http://purchasing.fhda.edu/policies