



DISTRICT ACCOUNTS PAYABLE OFFICE
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)

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