



**UNIVERSITY OF SOUTH ALABAMA
DIRECT PAY REQUEST**

DATE	REQUEST NO.

Requestor Information	
NAME:	
DIVISION:	
DEPT:	
BLDG:	
ROOM:	
PHONE:	
FAX:	

Payee Information	
NAME:	
ADDRESS 1:	
ADDRESS 2:	
CITY:	
STATE:	ZIP:
PHONE:	
FAX:	
J#:	

Return check to (select one): Bursar Other (Specify):

INDEX	FUND	ORGN	ACCT	PROG	ACTIVITY	QTY	DESCRIPTION	UNIT COST	TOTAL
								Total	

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:	_____