



Direct Pay Request

ACCOUNTS PAYABLE
 ADMIN BUILDING RM 23B
 707-654-1028
cma-ap@csum.edu

Business Unit: Campus Foundation ASCMA MACMC
 Vendor 204 Form: Attached On File **Wire** (Complete Wire Request Form)
 Check Delivery Instructions: Mail to Payee Pick Up EFT (Bank info must be on file with AP)

Payee Information:
 Name: _____
 Address: _____
 City, State Zip: _____

Description and/or Business Purpose: (include location date and time)

Your signature authorizes Accounts Payable to charge the department listed.

ChartField:

Account	Fund	Dept. ID	Class (Optional)	Project (Optional)	Amount
Account	Fund	Dept. ID	Class (Optional)	Project (Optional)	Amount
Account	Fund	Dept. ID	Class (Optional)	Project (Optional)	Amount
Account	Fund	Dept. ID	Class (Optional)	Project (Optional)	Amount
Total:					\$ _____

Certification:
 I, the undersigned, certify that funds are available for this expenditure and that this expenditure is necessary for the department's operations and the University's mission. I also certify that this is an appropriate use for the fund source listed above and complies with all University policies.

Claimant Signature: _____ **Date:** _____

Prepared by: _____ **Date:** _____
Authorized by: _____ **Date:** _____
 (Must have delegation of authority on file.)

Accounting Use Only:
Vendor #: _____ **Voucher #:** _____

HOW TO SUBMIT YOUR FORM: You may submit your completed Direct Pay Request Form to the Financial Services Department:
 Drop: Administration Building, Room 23B
 Email: CMA-AP@csum.edu
 Adobe Acrobat sign: AP Templates InvoiceApproval_v7
 Include with this form: Approved Invoice/Copy of PO/Receipts(Reimbursement)