



Direct Pay Request

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

Business Unit: Campus Foundation ASCMA
 Vendor 204 Form: Attached On File
 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
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 #:** _____