

Return Routing Instructions:

- Needs original or itemized receipt
- Needs Business Purpose
- Needs Signatures

AP Use Only

Doc# _____
 Encumbrance# _____
 P F

Sam Houston State University Direct Payment Form

Payee: _____
 Address: _____

 City: _____ State: _____
 Country: _____ Zip: _____ Telephone Number: _____

- Faculty/Staff Student Other Non US Citizen Refund

Vendor ID#: _____	Separate Ck <input type="checkbox"/> Y <input type="checkbox"/> N
Invoice Date: _____ <small>(must be submitted for payment within 30 days)</small>	Mail with attachments <input type="checkbox"/> Y <input type="checkbox"/> N
Due Date: _____	Attachments provided <input type="checkbox"/> Y <input type="checkbox"/> N
Invoice #: _____	1099 CODE _____
	ENCL CODE _____
	AP Use Only

FOAPAL Distribution								
	FUND (6)	ORGN (6)	ACCT (6)	PROG (2)	Qty	Item 7 cgl	Description	AMOUNT
1								
2								
3								
4								
Total Check Amount:								
Business Purpose of Payment: _____								
Special Instructions: _____								
Explanation for not using PCard, or Purchase Order: _____								

Prepared By: _____ Phone: _____ Date: _____

Each signature (payee, departmental approval, division approval, etc) will be interpreted as certification that all expenditures are valid with respect to business purpose, were authorized in advance to the extent possible, reasonable in amount, and have been documented as defined in the Policy & Procedure Statement.

Department Name: _____ Date: _____

Payee/Participant Signature: _____ Date: _____

I certify that I have not received any reimbursements for this expense.

Department Approval: _____ Date: _____

I have examined this reimbursement request and certify that it is just and reasonable.

Division/Dean Approval: _____ Date: _____

Funding Source: _____ Date: _____

(Special Funds, Foundation, Grants, etc.)