



This form shall be completed and submitted to Accounts Payable along with supporting documentation for direct payments to a supplier (no requisition/PO). For detailed information please refer to the [Supplier Direct Pay Procedure](#)

Date: \_\_\_\_\_ Amount: \_\_\_\_\_

**PAYEE INFORMATION**

Name: \_\_\_\_\_ Supplier ID: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Department: \_\_\_\_\_ Budget Contact Name: \_\_\_\_\_ Extension: \_\_\_\_\_

**STATE CHARTFIELD**

Account	Fund	Dept. ID	Program (Optional)	Class (Optional)	Amount
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**DIRECT PAY** *(attach supporting documentation)*

**Note:** All payments to be direct to organization. Memberships/subscriptions must have a CSU, Chico mailing address.

Membership \_\_\_\_\_ Subscriptions \_\_\_\_\_ Interviewee Travel—Lodging/LA# \_\_\_\_\_

Newspaper Ads/Vacancy Ads(\*)—Ad# (\*) staff \_\_\_\_\_  
*recruitment only*

**DESCRIPTION OF ITEMS PURCHASED/COMMENTS:**

**AUTHORIZATION**

By signing this request, I certify this event/expense serves a clear University business purpose, is consistent with the mission of the University, is cost effective, and is in accordance with the best use of public funds.

Department: \_\_\_\_\_

(must have signature authority on file) SIGNATURE PRINT NAME DATE