

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

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

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

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.)