

ASU - Request for Direct Payment

Document #: _____

1. Vendor/ Payee Information

- INDIVIDUAL/ PARTNERSHIP
 COMPANY
 ASU FACULTY OR STAFF
 ASU STUDENT

Banner ID: _____ TIN/SSN: _____ (N/A for Faculty, Staff, and Students)
 Payable to: _____
 Address: _____
 (Non-Campus If Reimbursement)
 City: _____ State _____ Zip Code _____

2. Citizenship Status- Please Check One

- PAYEE IS A US CITIZEN/ CO. OR A PERMANENT RESIDENT ALIEN
 PAYEE IS A NONRESIDENT ALIEN or FOREIGN ENTITY

3. State of Residency

- IN STATE PAYEE OUT OF STATE PAYEE
Out of state payees may be subject to 4% NC Withholding
 NC Cert of Authority # _____

4. Type of Payment (Check box that applies)

- EXPENSE REIMBURSEMENT (ATTACH RECEIPTS) HONORARIUM (SUPPORTING DOCUMENTATION)
 MEALS AND ENTERTAINMENT EXPENSES WORKSHOP PARTICIPANT
 INVOICE FOR (ATTACH INVOICE) RESEARCH SUBJECT PAYMENT IRB#: _____
 PREPAYMENT (ATTACH PRE-PAYMENT AUTHORIZATION) CONTRACT SERVICES (ATTACH COPY OF CONTRACT) Contract#: _____
 OTHER - PLEASE SPECIFY _____

Please provide a description of the payment below:

5. Accounting Information

	Invoice Date	Invoice#	Description	Fund	Account	Amount
1						
2						
3						
4						
Total						-

6. Receiving Information

- MATERIALS HAVE BEEN RECEIVED SERVICES HAVE BEEN COMPLETED
 PREPAYMENT, ATTACH FORM

7. Check Distribution

- MAIL/ACH TO PAYEE CHECK TO BE PICKED UP BY DEPT **(Approved Depts Only):** _____
 ATTACHMENT

8. Authorizations (Two Signatures Required SEE INSTRUCTIONS)

<i>Name of Requester (print)</i>	<i>Signature</i>	<i>Date</i>	<i>phone</i>	<i>email Address</i>
<i>Name of Approver (print)</i>	<i>Signature</i>	<i>Date</i>	<i>Department</i>	

9. Administrative Use Only

BANNER ID _____
 AC _____ 1099 _____ ENC _____
 DUE DATE: _____
 TAX ID _____

Additional Approval Required by:

Controller's Office _____
 Other _____
 Other _____
 Other _____

AP Date Stamp:

Paid Chk#