Ohio University

click on the red bordered cells for instruction

Direct Payment Form

FORM # DP000100.0000

Use this form **only** to request DIRECT PAYMENT
To request a P.O., use the Requisition Form

Date: 30-Jan-12

FINANCE AREA USE ONLY	
PAY GROUP	1099? Y/N
PAYROLL	Date
PURCHASING	
GRANTS/PLANT	
A/P/OUF/TRAVEL	
DATA ENTRY	

NAME & ADDRESS OF PAYEE
for multiple vendors, list below or attach separate sheet

SEND CHECK(S) TO:
Name:
Address:
Phone:

CALL WHEN READY ☐ YES
Name:
Phone:

WHO TO CALL WITH QUESTIONS?
Name:
Dept:
Phone:
Email:

Date Needed by:
OU Employee? ☐ YES ☐ NO
OU Student? ☐ YES ☐ NO
ID number*:

* For outside suppliers leave blank if unknown. For OHIO employees, use Employee ID#. ***Do not leave blank.***
Don't know the ID#? Search for ID#'s here:

http://eelookup.admsrv.ohio.edu/

SIGNATURE AND PRINTED NAME, BELOW, ARE REQUIRED.
I CERTIFY THAT: 1) The expenses below were for OHIO business purposes. 2) If charged to a grant or contract, or a foundation account, claimed expenses comply with its conditions.

UNIT APPROVALS	

Signature of individual authorizing the transaction   Date   Print or type name

List each item (e.g., each invoice, order form or reimbursement request) separately.
Show account distribution PER ITEM.

DESCRIPTION	ACCOUNTING DISTRIBUTION FT	F/S	Org	NA/ET	Project	Task	AMOUNT
					TOTAL PAYMENT REQUESTED		

Revised by Accounts Payable 08/13/10