

DIRECT PAY REQUEST



REQUIRED INFORMATION

Payee

(Company Name or Individual's Last name, First name)

Mailing Address

Vendor ID#

(Vendor must currently be set up in Banner. If not, please attach W9 form filled out by vendor)

BUSINESS PURPOSE – Attach all supporting documentation

AMOUNT

TOTAL A	

BANNER ACCOUNTING INFORMATION

FUND # (4-6 DIGITS)	ORG (ex: EBAA)	Acct# (4-6 DIGITS)	ACTIVITY CODE	AMOUNT
Total B (must equal A)				

Requester

Date

Ext.

GU Box

Authorized Signer

Date

Ext.

GU Box

Area Vice President*

Date

Ext.

GU Box

*Dues & Memberships require VP's signature

Requestor and Authorized signer cannot be the same individual

Special Handling/Notes of Concern