

## UNIVERSITY OF SOUTH ALABAMA DIRECT PAY REQUEST

	DATE									REQUEST NO.
Poquestor	Information							Payee Information		
Requestor Information NAME:								NAME:		
DIVISION:						-		ADDRESS 1:		
DEPT:						-		ADDRESS 2:		
BLDG:						-		CITY:		
ROOM:						-		STATE: ZIP:		
PHONE:						1		PHONE:		
FAX:						1		FAX:		
								J#: SSN:		
Return chec	k to (select one):	Burs	ar 🔽			Other	(Specify)	:		
INDEX	FUND	ORGN	ACCT	PROG	ACTIVITY	QTY		DESCRIPTION	UNIT COST	TOTAL
									Total	
1 After de	partmental appro	vals are obtain	ed submit ori	ginal copy of	this form to th		na Dena	rtment	TOLAI	
<ol> <li>Attach e</li> <li>For mer</li> <li>Do not i</li> <li>If this p</li> <li>If this p</li> </ol>	ither an original i nbership and sub nput an on-line re <b>ayment is to a N</b> <b>ayment is to a N</b> <b>ayment is to a N</b>	nvoice or origir scriptions, atta quisition when ON-U.S. Citize ON-U.S. comp	nal receipt. ch the order c using this for enfor Honora pany contact	or renewal forr m. ria go to http the Payroll C	n. p://www.sout Office 460-665	halabama. 54.	edu/fina	ncialaffairs/taxaccounting/hor	noraria.html	
					J	Approvals				
Requestor's Signature							-	Date:		-
Request Approved					-	Date:	Date:			
Request Approved						-	Date:	Date:		
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Request Approved						_	Date:		_	