



# UNIVERSITY OF SOUTH ALABAMA

## DIRECT PAY FORM FOR PAYMENT TO INDIVIDUALS FOR SERVICES AND SCHOLARSHIPS

Is this individual a Foreign National?  
If 'Yes' see # 5 below.

☐ Yes  
☐ No

REQUEST NO.

DATE	
REQUESTOR INFORMATION	
NAME:	<input type="checkbox"/> Employee <input type="checkbox"/> HCM <input type="checkbox"/> USA <input type="checkbox"/> No
DIVISION:	<input type="checkbox"/> Student <input type="checkbox"/> Employee
DEPT:	<input type="checkbox"/> Yes <input type="checkbox"/> No
BLDG:	<input type="checkbox"/> Scholarship <input type="checkbox"/> USA Student <input type="checkbox"/> Other Student <input type="checkbox"/> No
ROOM:	
PHONE:	
FAX:	
PAYEE INFORMATION	
NAME:	
ADDRESS 1:	
ADDRESS 2:	
CITY:	STATE: ZIP:
PHONE:	FAX:
DEPT:	
JOB TITLE:	
J#:	LAST 4 DIGITS OF SS#:

FUND	ORGN	ACCT	PROG	ACTIVITY	EXPLANATION OF SERVICES	TOTAL
TOTAL						

- Instructions for completing this form can be found at <http://www.southalabama.edu/financialaffairs/purchasingdepartment/forms.html>.
- After the Division head signature is obtained for USA employees or HCM employees, the original copy of this form should be forwarded directly to Human Resources. Otherwise, after departmental approvals are obtained, submit original copy of this form to the Business Office.
- Attach an original invoice.
- Attach copy of contract, agreement, or other documentation and approved APS form if required.
- If this payment is to a NON-U.S. Citizen, including an Honoraria, contact the Payroll Office 460-6654. Further information concerning Honoraria can be found at <http://www.southalabama.edu/financialaffairs/taxaccounting/honoraria.html>.**
- This form should only be used for one-time payments.

Special Instructions:

APPROVALS	
Requestor's Signature	Date:
Request Approved	Date:
Request Approved	Date:
Request Approved	Date:
Request Approved	Date:
HR Approved	