



ACCOUNTS PAYABLE DIRECT PAY REQUISITION

DATE: _____

PAYABLE TO:		
STREET/P.O. BOX		
CITY	STATE	ZIP CODE
AMOUNT REQUESTED	DATE NEEDED	EMPLOYEE ID #

REASON FOR REQUEST
<hr/> <hr/> <hr/> <hr/> <hr/>

PAYMENT METHOD: <input type="checkbox"/> ACH <input type="checkbox"/> CHECK	FORWARD CHECK TO: <input type="checkbox"/> PAYEE <input type="checkbox"/> EMPLOYEE CHECK DISTRIBUTION LOCATION:
---	--

COMPLETE THIS SECTION IF REQUESTING PAYMENT FOR OR REIMBURSEMENT OF A FOOD/MEAL RELATED PURCHASE
1.) Business purpose of function: _____ _____ 2.) Number of Attendees: _____ 3.) Individuals present (check all that apply) <input type="checkbox"/> Kutztown University Staff <input type="checkbox"/> Chancellor's Office Staff <input type="checkbox"/> Other _____ <input type="checkbox"/> Other University Staff <input type="checkbox"/> Trustees <input checked="" type="checkbox"/> Student(s) <input type="checkbox"/> Official Guest(s)
** Please obtain the signature of an authorized individual such as Dean or Vice President on this Direct Pay Requisition to authorize payment for this food/meal purchase.

ACCOUNTING DISTRIBUTION													
FUND			COST CENTER / WBS						GLA			AMOUNT	
													\$
													\$
													\$
													\$

APPROVALS	
EMPLOYEE SIGNATURE / DATE	PHONE EXTENSION
CHAIRPERSON / DATE	DEAN / DIRECTOR APPROVAL / DATE
DIRECTOR OF GRANTS AND SPONSORED PROJECTS / DATE (IF APPLICABLE)	
VICE PRESIDENT / PRESIDENT APPROVAL / DATE	