



REQUEST FOR DIRECT PAYMENT

USE OF THIS FORM IS LIMITED to payments outlined on page 2. Most items should be procured utilizing a System or university contract. Attach documentation (receipt, quote, invoice, etc.) and related backup information and submit to the Accounts Payable Department by email to ap-direct-payments@iup.edu or by mail to Accounts Payable B25, Clark Hall, 1090 South Drive, Indiana, PA 15705.

Requestor Name	<input type="text"/>	Date Prepared:	<input type="text"/>
Requestor Department	<input type="text"/>		

Payee Information

Supplier Name:	<input type="text"/>
Check if employee	<input type="checkbox"/>

Supplier Address:	<input type="text"/>
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Payment Information

Expense Justification	<input type="text"/>
Amount:	<input type="text"/>

Accounting Information

Cost Center:	<input type="text"/>	Commitment Item (CI)	<input type="text"/>
Special Instructions	<input type="text"/>		

University

Instructions for Request Form

1. This form should be used to request reimbursement or payment for the following items:
 - x Professional membership dues and subscriptions up to \$23,500.00 (unless allowable via a Pcard purchase. For more Pcard information, [click here](#). The membership/subscription order or renewal form must be included with this form.
 - x >eg fees, regardless of dollar amount (must follow University Legal Council (ULC) process for retaining legal services).
 - x & } AE v } OE s μ CE CE CE š P] C š v CE μ CE VG bus, We Goods & Services that do not require a contract, and supplies already received (which may require P approval if a violation a viola 11.04 Tf17D015D017n/161.094