

## **DIRECT PAYMENT**

Submit completed form with ORIGINAL invoice(s) or other required documents to Accounts Payable (Wells Hall). Direct payments are limited to qualified categories below. Keep second copy for your records. **Inventoriable property and equipment cannot be purchased on a Direct Payment.** 

<u> </u>	1 10 0					
DP			Payee:			
Date:			Address:			
Dont:			City:			
Contact:						
Dept Phone:						
*Id*	* 4	* A ati	wity Codo*	*Commodity Code*	*Amount*	
<u>*Index</u> *	* <u>Account</u> *	Acu	vity Code*	Commounty Code	Amount	
			TOTAL: \$			
Authorized Signature:				Business Office Approvals:		
· · · · · · · · · · · · · · · · · · ·				- 		
		-	_	cate which qualified category t	his direct payment is for:	
<b>Description of Transaction</b>	1;					
Small Order Payment-S	upplies received not to exceed	\$3000 00 in tots	al Do not Split ord	ers Invoice must be attached		
					w 1 1	
				y of contract for services must be a		
*Guest speakers, honora must be attached.	riums, contracts for perform	ing arts, enterta	ainment, and non	employee instructors. Invoice an	d copy of contract for services	
*Individual subscription	n, membership fees or renewa	ls. Application	or invoice must be	attached		
_	sified and recruitment publica					
	nbursement-LIMITED TO U					
				mit on a Travel Form unless appro	wed and attach original receipts	
					ved and attach original receipts.	
_	t bills, parcel post, UPS charg					
*Titled books, videos, fil payment.	ms, periodicals, and computer	r software not to	o exceed \$3000.00	per request. Prepayments must inc	clude vendor's order for requiring	
*Payments to State of No	ew Mexico agencies or univers	sities, local pub	lic bodies, the fed	eral government or Sponsored P	rojects reimbursements.	
*Public regulated utility	charges for gas, water, sewer	, electricity, ref	fuse and local tele	phone service.		
*Alumni loans, awards,	etc. Documentation must be atta	ached.				
			<u> </u>			
A/P OFFICE USE ONLY				RUSH/SPECIAL CHEC		
Vendor ID: Invoice #:			DEPARTMENT USE ONLY Check needed by:			
Invoice #:			-	ee to: INDEX:		
Date:			-	BUSINESS OFFICE	USE ONLY	
Payment Amount:			Approved	l by:		
i ayıncını Amount			- Fee Waiv	ed by:		