



New Mexico State University
Accounts Payable
Direct Pay Request Form

Are you using sponsored awards or gifts on this form?

☐ Yes - route to MSC SPA

☐ No- route to MSC AFR

Document # _____

Section: 1 (Must be completed) REQUESTOR INFORMATION

Date (mm/dd/yyyy): _____ Department: **Write nothing here** Campus Box: _____

Requestor: _____ e-mail Address: _____ Phone: _____

INSTRUCTIONS: USE THIS FORM FOR ALL PAYMENTS WHERE NO PURCHASE ORDER WAS ISSUED. (1) Compile all information on Request. (2) Obtain PI, Dean, Vice President, Community College President or their designee on original request. (3) Retain one copy of Invoice and Request for departmental files. (4) Forward original request with original invoices to Accounts Payable Box 3AP. If vendor requests a copy of the invoices to be returned with payment, forward an additional invoice copy or remittance invoice. (5) Original signatures are required only on the original Voucher. (6) ORIGINAL REQUEST AND ORIGINAL INVOICE BECOME PART OF NMSU PERMANENT FILES.

Banner ID: _____

Payee: _____

Remit To: _____

Name

Address

City, State, Zip

Description of Goods or Services

Amount

1. Trainee allowance for travel to

2. _____

3. _____

4. _____

5. _____

Write nothing here

\$ _____
\$ _____
\$ _____
\$ _____
\$ _____
\$ _____

Total from Continuation Page \$ 0.00

Total \$ 0.00

I certify that charges herein are correct and just and that payment has not been received. (Signature of Payee must be in Blue Ink)

Payee Signature: _____

Index	Fund	Account	Travel Encumbrance/Or Subcontract Number	Amount	P/F
118192	605579	768900	Nothing here either		F

Section: 2 (Must be completed) APPROVAL

Print Name: Jason Jackiewicz

Signature: _____ Date: _____



Principal Investigator



Dean/VP/CC president



Designee

Section: 3 (Must be completed) CENTRAL OFFICE APPROVAL

Fiscal Monitor: _____ Print Name: _____ Signature: _____ Date: _____

Section: 4 INTERNAL USE ONLY

Processed by: _____ Date: _____

Reset Form Print Form