New Mexico State University
Accounts Payable
Direct Pay Request Form

Section: 1  (Must be completed)  REQUESTOR INFORMATION

Date (mm/dd/yyyy): ___________________________  Department: ___________________________
Receipient: ____________________________________  e-mail Address: ___________________________
Campus Box: ____________________________________  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. Remain 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: ___________________________
Remit To: ___________________________
Name: ___________________________
City, State, Zip: ___________________________
Description of Goods or Services: ___________________________
Amount: ___________________________

1. Trainee allowance for travel to

<table>
<thead>
<tr>
<th>Index</th>
<th>Fund</th>
<th>Account</th>
<th>Travel Encumbrance/Or Subcontract Number</th>
<th>Amount</th>
<th>P/F</th>
</tr>
</thead>
<tbody>
<tr>
<td>118192</td>
<td>605579</td>
<td>768900</td>
<td></td>
<td></td>
<td>F</td>
</tr>
</tbody>
</table>

Write nothing here either

Total from Continuation Page: $0.00
Total: $0.00

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

Payee Signature: ___________________________

Section: 2  (Must be completed)  APPROVAL

Print Name: Jason Jackiewicz
Signature: ___________________________
Date: ___________________________
Principal Investigator  O Dean/VP/CC president  O Designee

Section: 3  (Must be completed)  CENTRAL OFFICE APPROVAL

Fiscal Monior: ___________________________
Print Name: ___________________________
Signature: ___________________________
Date: ___________________________

Section: 4  INTERNAL USE ONLY

Processed by: ___________________________
Date: ___________________________

Reset Form  Print Form