

REQUEST FOR DIRECT PAY

Percentage _____
Grant _____
Cost Center _____
Functional Area _____
Internal Order _____
Fund _____
G/L _____

Percentage _____
Grant _____
Cost Center _____
Functional Area _____
Internal Order _____
Fund _____
G/L _____

Notes:

Vendor #: _____

Items on invoice # _____, dated _____, have been received.

Requested By _____ Signature: _____
Print Name: _____
Date: _____

Review: State CFO (State Program) or Grants Administrator (Cooperative Agreements) _____ Signature: _____
Print Name: _____
Date: _____

Approval: State Operations Procurement Office _____ Signature: _____
Print Name: _____
Date: _____