

DIRECTIONS FOR COMPLETING THE DIRECT PAY REQUEST FORM

1. Please complete "Prepared by and Phone Number"
2. *No:* Your number, if you know your number. If not, leave blank.
3. *Date:* Today's date.
4. *Amt:* Total dollar amount of invoices attached.
5. *Vendor Number:* Search on WISDM under Vendor Name for their number.
6. *Pay to:* Check payable to whom?
7. *Address/City/State/Zip:* Complete address based on Pay To from the attached billing/invoice.
8. *Department Number:* i.e.: 102 301500 1
9. *Department Name:* Name of your department.
10. *Account Code (4 digit):* i.e.: Supplies = 3100
11. *Description:* Describe what you're paying for.
12. *IF:* this is a personal reimbursement please print and sign name.
12. *Authorized Signature:* Whoever is authorized to sign for the department budget.

If you have any questions please contact:
Accounts Payable, ext #0837 or #1309
Financial Services, Dempsey 236
aptravel@uwosh.edu