

Date 03/13/09

University of Southern Indiana Direct Pay Form

Payee ABC Company

To initiate payment to companies and individuals when a University purchase order is not required.

Address 123 Main St.
Evansville, IN 47708

Description Microscope

Business Purpose for use by students in science lab SC2209

Additional Information

Does this payment include the purchase of food? Yes No

If so, please provide the following information:

Name of event or function _____

Location of event or function _____

Date of event or function _____

Indicate all groups that attended the event.

Employees Students Volunteers Other (please specify) _____

Does this payment include the purchase of apparel? Yes No

If so, please indicate all groups that received apparel.

Employees Students Volunteers Other (please specify) _____

Does this payment include the purchase of prizes, awards, gifts, or giveaways? Yes No

If so, please indicate all groups of recipients.

Employees Students Volunteers Other (please specify) _____

Chart	Fund	Orgn	Acct	Actv	Amount
U	10001	00000	71105		\$650.00
Total					\$650.00

Financial Manager Signature _____ Date _____ Business Office Signature _____ Date _____

FOR BUSINESS OFFICE USE ONLY

Vendor # 1099

Vendor Inv Date Separate check required

Address type Seq Hold Check

Discount Code Bank Attachment

Vendor Inv #

Banner Inv

Payment Due Date

Audited by _____ Date _____ Entered by _____ Date _____

Commodity Description

Document Text

Date 03/13/09

University of Southern Indiana

Payee Jane Doe

Direct Pay Form

Address 123 Main St.
Evansville, IN 47708

To initiate payment to companies and individuals when a University purchase order is not required.

Description Lunch with John Applicant and Joe Faculty

Business Purpose Search committee lunch with candidate for Assistant Professor of Study

Additional Information

Does this payment include the purchase of food? Yes No

If so, please provide the following information:

Name of event or function Candidate lunch

Location of event or function The Diner

Date of event or function 1/1/2009

Indicate all groups that attended the event.

Employees Students Volunteers Other (please specify) Candidate

Does this payment include the purchase of apparel? Yes No

If so, please indicate all groups that received apparel.

Employees Students Volunteers Other (please specify) _____

Does this payment include the purchase of prizes, awards, gifts, or giveaways? Yes No

If so, please indicate all groups of recipients.

Employees Students Volunteers Other (please specify) _____

Chart	Fund	Orgn	Acct	Actv	Amount
U	10001	00000	70335		\$27.00
Total					\$27.00

Financial Manager Signature _____ Date _____ Business Office Signature _____ Date _____

FOR BUSINESS OFFICE USE ONLY

Vendor # 0 1099 Banner Inv I

Vendor Inv Date _____ Separate check required

Address type _____ Seq _____ Hold Check Payment Due Date _____

Discount Code _____ Bank _____ Attachment

Vendor Inv # _____ Audited by _____ Date _____ Entered by _____ Date _____

Commodity Description _____

Document Text _____

Date 03/27/09

University of Southern Indiana Direct Pay Form

Payee ABC Organization

To initiate payment to companies and individuals when a University purchase order is not required.

Address 123 Main St.
Evansville, IN 47708

Description Jan. 1, 2009 - Dec. 31, 2009 membership dues for Professor X

Business Purpose Professional organization for people employed in accounting and professional organizations

Additional Information Does this payment include the purchase of food? Yes No

If so, please provide the following information:

Name of event or function _____

Location of event or function _____

Date of event or function _____

Indicate all groups that attended the event.

Employees Students Volunteers Other (please specify) _____

Does this payment include the purchase of apparel? Yes No

If so, please indicate all groups that received apparel.

Employees Students Volunteers Other (please specify) _____

Does this payment include the purchase of prizes, awards, gifts, or giveaways? Yes No

If so, please indicate all groups of recipients.

Employees Students Volunteers Other (please specify) _____

Chart	Fund	Orgn	Acct	Actv	Amount
U	10001	00000	70630		\$100.00
Total					\$100.00

Financial Manager Signature _____ Date _____ Business Office Signature _____ Date _____

FOR BUSINESS OFFICE USE ONLY

Vendor # 1099 Banner Inv

Vendor Inv Date Separate check required

Address type Seq Hold Check Payment Due Date

Discount Code Bank Attachment

Vendor Inv # Audited by _____ Date _____ Entered by _____ Date _____

Commodity Description

Document Text