

Direct Payment Form



Step 1: Enter Payee information (Name, Address, City, State, and Zip).

MAKE CHECK PAYABLE TO:
 PAYEE NAME DATE 10/20/2009
 ADDRESS
 CITY STATE ZIP

Step 2: Enter the UA ID of the employee or student receiving the payment (if applicable). Otherwise, enter the Vendor's Employer Identification # OR hand-write in the vendor's Social Security Number after printing the form.

University Employee or Student UAID# Outside Vendor Employer Identification #
 Don't have an Employer ID? Get one [here](#).

Step 3: Enter the following information for each line item: Description, Speedtype, Account (optional), and Amount.

ITEM	DESCRIPTION	SPEEDTYPE (To be charged)	ACCOUNT (Optional)	AMOUNT
1	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>
2	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>
3	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>
4	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>
5	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>
6	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>
7	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>
8	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>
9	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>
10	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>
			TOTAL	\$ <input type="text"/>

The Office of the Director of Purchasing is vested with sole authority to order materials and contract for services from off-campus providers. The University will assume no obligation for the purchase of unauthorized off-campus materials or services.

Step 4: Enter any comments.

COMMENTS

Step 5: Enter the Requester information (Department, Zip, Requester's Name and Extension, and who the goods or services were ordered for).

REQUESTER INFORMATION:
 DEPT OR SPECIAL FUND ZIP+#
 REQUESTED BY EXT.
 ORDERED FOR

Step 6: Print the form. Have the approver sign and date the bottom of the form. When completed, send the form to Accounts Payable for processing.

APPROVER(S) PRINTED NAME
 APPROVER(S) SIGNATURE _____ DATE _____

NOTE: Note: By submitting this form you acknowledge funds are available for the speedtype(s) to be charged.

Submit



The University of Akron

No. DP _____

Direct Payment Form (DP Form)

This form should be used for expenditures that do not require processing through the Department of Purchasing, but may be sent directly to Accounts Payable. These items are listed on Associate Vice President/Controller Policy [#CAP-6-01](#).

MAKE CHECK PAYABLE TO:

PAYEE NAME DATE 10/20/2009

ADDRESS

CITY STATE ZIP

University Outside Vendor

Employee or Student UAID# Employer Identification #

Don't have an Employer ID? Get one [here](#).

ITEM	DESCRIPTION	SPEEDTYPE (To be charged)	ACCOUNT (Optional)	AMOUNT
1	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>
2	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>
3	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>
4	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>
5	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>
6	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>
7	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>
8	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>
9	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>
10	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>
			TOTAL	\$ <input type="text"/>

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COMMENTS

<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>

REQUESTER INFORMATION:

DEPT OR SPECIAL FUND ZIP+#

REQUESTED BY EXT.

ORDERED FOR

APPROVER(S) PRINTED NAME

APPROVER(S) SIGNATURE _____ DATE _____

NOTE: Note: By submitting this form you acknowledge funds are available for the speedtype(s) to be charged.