SDSU San Diego State University

Accounts Payable Direct Payment Request

Payment Information

Request Date: _____ **Requested Amount: $**_____

Payee/ Supplier Name: _____

**If a new supplier, a completed Supplier Information Form (Payee Data Record or PDR) form will also be required.*

Payee Street Address: _____

Payee City, State, Zip: _____

Payee Email: _____ **Payee Phone Number:** _____

Expense Type List: Select ...

**If the expense type is not listed here, please refer to the "SDSU Non-PO Procure to Pay Policy".*

For Memberships, please designate who for: _____

Purpose and Special Payment Instructions

Is there an agreement associated with this expense? **Yes** ☐ **No** ☐

If Yes, provide the Agreement # here and attach a copy of the completed agreement: _____

	Organization	Activity	Natural Acct	Endeavor	Fund	Function	Reserved
Account Number							0000

Comment

Authorization

Print Preparer's Name: _____ SDSU Phone Extension: _____

**Preparer must be an active SDSU employee with Oracle access.*

Preparer's Signature: _____ Date: _____

Payment authorization is in accordance with the SDSU Fiscal Authorization Hierarchy (FAH).

ALL FAH APPROVAL WILL BE DONE THROUGH ORACLE

All university payment checks are sent via USPS First Class Mail unless additional Direct Deposit setup is requested.

Email this completed form & backup documents as ONE CONSOLIDATED PDF ATTACHMENT to the unmanned "A/P Invoice Ingestion" email sdsuapinv@sdsu.edu (does not accept secure documents submitted via AdobeSign).

For forms routed through AdobeSign, please use the manned email accountspayable@sdsu.edu.

Please do not email completed Supplier Information Forms (PDRs); these are sent via secure AdobeSign only.