

Direct Pay Cover Sheet

- Vendor Invoice
 Miscellaneous Payment
 Employee Reimbursement

Enclosure/Pick Up



Banner Document Code (10XXXXXX)	Transaction Date
Payee Name	
Transaction Amount	
Name of Individual Submitting Request	
Submitter's Email	Phone Extension

Fund-Org-Account Information	
Submitter's*/Requester's** Signature	Date
<p>By signing above, I certify that this transaction was completed in accordance with University policies and procedures, it is appropriate in terms of scale, budget, and relation to the mission and goals of the Department and the University, and the Department is in receipt of the goods or services for which this payment is being requested. For grant funds, I certify that this expenditure is appropriate and allowable to this award.</p> <p><small>*Submitter – The individual who entered this transaction into the Banner System. **Requester/Principal Investigator – The individual/s who purchased the item/s or services being paid for by this transaction.</small></p>	
Authorized Approver's Signature	Date
<p>By signing above, I certify that I am familiar with the details of this transaction, it was completed in accordance with University policies and procedures, it is appropriate in terms of scale, budget, and relation to the mission and goals of the Department and the University, and the Department is in receipt of the goods or services for which this payment is being requested. For grant funds, I certify that this expenditure is appropriate and allowable to this award.</p>	

Description of Transaction: