# DIRECT PAYMENT REQUEST

## UW OSHKOSH

NO:

DATE:

VENDOR NUMBER: AMOUNT:

PAY TO:

ADDRESS:

CITY: STATE: ZIP CODE:

| | | | AMOUNT | |
|---|---|---|---|---|
| DEPT NUMBER: | | ACCOUNT: | | |
| DEPT NAME: | | ACCOUNT: | | |
| DEPT NUMBER: | | ACCOUNT: | | |
| DEPT NAME: | | ACCOUNT: | | |
| DEPT NUMBER: | | ACCOUNT: | | |
| DEPT NAME: | | ACCOUNT: | | |
| DEPT NUMBER: | | ACCOUNT: | | |
| DEPT NAME: | | ACCOUNT: | | |
| | | TOTAL: | | |

Description of payment request:

*Attach original invoice/receipt AND one copy - if vendor requires a copy, send a second copy.*

*Personal Reimbursement:Signature of Payee*

*Authorized Signature*