

**NORTHWESTERN STATE UNIVERSITY  
DEPARTMENTAL  
DIRECT PAYMENT REQUEST**

Enclosure

Pick Up Check

Credit Memo

For Accounts Payable Use Only	
Date Entered _____	NSF Appv By _____
Fiscal Year _____	Commodity Level Accounting <u> X </u>
Bank Code <u> 01 </u>	One Invoice Per Check _____
Direct Deposit _____ Y or N	Many Invoices Per Check _____

Vendor Number: (required) \_\_\_\_\_

Vendor Name: (required) \_\_\_\_\_

Remit to Address: \_\_\_\_\_  
 (if applicable) See Departmental Direct  
 Payment Request User Guide \_\_\_\_\_

Document Text: \_\_\_\_\_

**TO BUSINESS AFFAIRS OFFICE:** By my signature, I declare this invoice to be true and correct to the best of my knowledge, and I hereby certify that the items described on the attached invoice have been received and should be processed for payment.

Prepared By \_\_\_\_\_ Date \_\_\_\_\_  
 \*Employee that prepared request, if not the purchaser or Budget  
 Unit Head.

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_  
 \*Employee that made purchase, if not Budget Unit Head.

Budget Unit Head Signature \_\_\_\_\_ Date \_\_\_\_\_

Vendor Invoice Date	Vendor Invoice Number	Description		Vendor Invoice Amount	Index	Account
		NSU Reference # <i>(ex. II mmdyy)</i>	Services or Products			
Vendor Invoice(s) Total						

CK #

Approved by or for Purchasing \_\_\_\_\_ Date \_\_\_\_\_

Grants and Contract (if applicable) \_\_\_\_\_ Date \_\_\_\_\_

Approved by or for Accounts Payable \_\_\_\_\_ Date \_\_\_\_\_