

The University of North Carolina at Greensboro
Office of Accounting Services
DIRECT PAY AUTHORIZATION

Shaded GRAY Areas for AP Use Only / Yellow Fields - DATA ENTERABLE

Prepared by: _____ Date: _____

VENDOR NUMBER: _____

DEPARTMENTAL APPROVAL

Authorized Signature Date

Select One: US Citizen or Res. Alien Non-Res.Alien (Must attach form NRA 001)

Vendor/Payee: _____

Address Code / Seq: _____ Address: _____

City: _____ State: _____ Zip Code: _____

Document #:	Invoice Date: (MMDDCCYY)	Transaction Date:	Bank	CM	Due Date:	1099 Tax ID:
_____	_____	_____	_____	_____	_____	_____

Vendor Invoice #:	Commodity/Description	COA	Index/Fund	Acct	Amount
_____	_____	G	_____	_____	_____
_____	_____	↓	_____	_____	_____
_____	_____	↓	_____	_____	_____
_____	_____	↓	_____	_____	_____
_____	_____	↓	_____	_____	_____

- Emp. Refund/Exp Reimb. Univ. ID#:
- Stud. Refund/Exp Reimb. Univ. ID#:
- Other _____

(Please attach receipts & other supporting documentation)

TOTAL: _____

Required for Entertainment Purposes:

Who: _____

What: _____

When: _____

Where: _____

Why: _____

Department _____

Address _____

Phone _____