



Include Attachment w/Check:

Select

**Controller's Office  
DIRECT PAY AUTHORIZATION**

**(Not for payments to individuals for services. Use BANCPS Form.)**

Prepared By \_\_\_\_\_ Date \_\_\_\_\_  
Department/School \_\_\_\_\_ Contact No. \_\_\_\_\_

<b>Fund Approval:</b> (Grants funds must be approved by Contracts & Grants Office)	
Authorized Signature _____	Date _____
Authorizer's Email _____	

*Please attach original receipts & other supporting documentation.  
Must provide copy of attachment(s) to be mailed with check if required. Checks not picked up within 5 business days will be mailed.*

**Vendor Number:** \_\_\_\_\_

**Select One:**      US Citizen      Legal Permanent Resident-Attach Copy of Form I-551      Non-Res Alien-Attach form NRA001 w/supporting documentation

Vendor:Payee: \_\_\_\_\_ Email Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Address Code/Seq: \_\_\_\_\_ Address: \_\_\_\_\_  
City, State, ZIP Code \_\_\_\_\_

Document #	Invoice Date (MM/DD/CCYY)	Transaction Date	Bank	CM	Due Date:	1099 Tax ID
Vendor Invoice #		Commodity/Description	COA	Index/Fund	Acct Code	ACTV Code* Amount
			G			
			G			
			G			
			G			
			G			

**Total**

Emp. Refund/Exp Reimb. Univ. ID# \_\_\_\_\_  
Student Refund/Exp Reimb. Univ. ID# \_\_\_\_\_  
Other \_\_\_\_\_

**Required for Entertainment Purposes:**

Who: \_\_\_\_\_  
What: \_\_\_\_\_  
When: \_\_\_\_\_  
Where: \_\_\_\_\_  
Why: \_\_\_\_\_

**All forms must be submitted electronically to: Accounts Payable  
acctpay@uncg.edu**

*\*If the transaction is/was related to the Coronavirus (COVID-19) pandemic, enter "CORONA" in the ACTV Code column. Otherwise, leave blank.*