EASTERN KENTUCKY UNIVERSITY
DIRECT PAY REQUEST

CHECK #
DATE
AMOUNT
INITIALS

DEPARTMENT NAME

CAMPUS MAILING ADDRESS

VENDOR NAME

ADDRESS 1

ADDRESS 2

CITY, STATE & ZIP

P.O.#

DATE

VENDOR NO.

ORG. CODE/ACCOUNT NO. $

ORG. CODE/ACCOUNT NO. $

TOTAL COST OF DIRECT PAY

$0.00

INVOICE NO.	INVOICE DATE	VOUCHER NO.	AMOUNT OF INVOICE	DESCRIPTION/PURPOSE OF DIRECT PAY REQUEST
		THIS SPACE RESERVED FOR ACCOUNTING		
				SPACE RESERVED FOR ACCOUNTING

TOTAL COST OF DIRECT PAY $0.00

APPROVED BY:
DATE:

FINANCIAL MANAGER'S SIGNATURE

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