

California State University, Los Angeles
Business Financial Services – ADM 514
DirectPay Request (DPR)

DirectPay Requests are used for the purpose of making payments to Vendors for purchases/services not qualified under the Procurement Department Guidelines. If a purchase can be placed on a University credit card or paid through a Purchase Order, then payment should not be requested through a DirectPay Request form. Modifications of this form will not be accepted and will be returned to the Department. Checks are issued within 10 business days from receipt of this DPR with required approvals and a completed Form 204. Questions regarding the DPR program can be addressed through Business Financial Services/Accounts Payable at extension 3-3550.

Check One for DirectPay Request: Vendor Disbursement Justification Request (Requires Controller Approval)
 Non-Employee Disbursement Fringe Benefit (Employee payment okay)

Name (Payee): _____ **SSN:** _____
Address: _____
City, State, Zip: _____
Signature of Payee (Individuals only): _____

Invoice Number: _____ **Amount of Request:** \$ _____ **Date Service Performed:** _____

Check will be picked-up in ADM 514 with prior approval from BFS. Call Teresa Yzaguirre at ext. 3-3203 when the check is ready.

Account	Fund	Dept. ID	Program	Project	Amount
660852	SF001	400240			\$
					\$
					\$
					\$

Approved Expenditures (Requests over \$1,000 must be approved by the Controller or designee ++):

>> Choose expenditure from the drop down menu: Individual Services **

>> Explanation of Payment (required for all requests): Notetaker: Provide copies of class lecture notes to student(s) with disabilities

Prepared by: Gonzalo Centeno Date: _____ Ext: -33140

By my signature below, I declare that this is a legitimate expenditure as per the specifications of the account listed above and that payment has not been received. I further certify that I have signature authority on the account listed above. The items have been received and/or the services rendered to my satisfaction. Approver must have a Signature Authorization card on file in Business Financial Services.

Name: Gonzalo Centeno, OSD Int.Dir. Signature: _____ Ext. -33140 Date: _____

Name: _____ Signature: _____ Ext. _____ Date: _____

++ Business Financial Services Approval: _____ Date: _____

** HRM Approval <input type="checkbox"/> CSLA Employee <input type="checkbox"/> Not CSLA/CSU Employee <input type="checkbox"/> CSU Employee <input type="checkbox"/> CSLA Student Assistant <input type="checkbox"/> Other: _____ Date: _____ Signature of HRM Representative		** Career Center Approval - CSLA Student Assistant <input type="checkbox"/> Active <input type="checkbox"/> In-Active Date: _____ Signature of C.C. Representative
Date Revised: 02/17/06		