

UNIVERSITY OF SOUTH ALABAMA DIRECT PAY REQUEST

D	ATE									REQUEST NO.
Paguastar Ir	oformation					ı		Payee Information		
Requestor Information NAME:								NAME:		
DIVISION:								ADDRESS 1:		
DEPT:						-		ADDRESS 2:		
BLDG:								CITY:		
ROOM:								STATE: ZIP:		
PHONE:								PHONE:		
FAX:								FAX:		
								J#: SSN:		
Return check t	to (select one):	☐ Bursa	ar 🔽			Other	(Specify)	:		
INDEX	FUND	ORGN	ACCT	PROG	ACTIVITY	QTY		DESCRIPTION	UNIT COST	TOTAL
									Total	
 Attach eith For memb Do not inp If this pay If this pay 	ment is to a No ment is to a No	voice or origin criptions, atta- quisition when DN-U.S. Citize DN-U.S. comp	al receipt. ch the order of using this for enfor Honora eany contact	or renewal for m. ria go to http the Payroll C	m. o://www.soutl Office 460-665	halabama. 54.	.edu/fina	ncialaffairs/taxaccounting/hon	oraria.html	
Opeoidi iristi t	detions.				F	Approvals				
Poguostorio (Cianatura							Doto		
Requestor's Signature						_	Date:			
Request Approved						-	Date:			
Request Approved						_	Date:			
Request Approved							-	Date:		
Request Approved							_	Date:		