

DIRECT PAYMENT JUSTIFICATION FORM

(Use when no other documentation is available)

11/1/11

Date		Banner Index Number and Account Code:	
Department:	Department Contact		Department Phone #:
Printed Name of Payee and A#			
Reason			Amount \$
We certify that the above item is required for official University business.			
Preparer's Signature	⌘	Printed Name:	
Authorizer's Signature (one supervisory level above the preparer)	⌘	Printed Name:	Title:
Explanation:			

Please retain a photocopy of the completed form for your records.