

DIRECT PAYMENT REQUEST

LSUS AS580

Complete this form to request payment of non-PO invoices. Attach the invoice to be paid as supporting documentation.

MAIL CHECK	<input type="checkbox"/>	RETURN TO DEPT.	<input type="checkbox"/>	FISCAL YEAR	<input type="text"/>
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REQUEST DATE	<input type="text"/>	INVOICE NO	<input type="text"/>
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DEPARTMENT	<input type="text"/>		
CONTACT	<input type="text"/>		
PHONE	<input type="text"/>	EMAIL	<input type="text"/>

PAYEE	<input type="text"/>		
ADDRESS	<input type="text"/>		
CITY	<input type="text"/>	STATE	<input type="text"/>
		ZIP	<input type="text"/>

DESCRIPTION	QUANTITY	UNIT COST	TOTAL COST
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
TOTAL INVOICE			<input type="text"/>

REASON WHY A PURCHASE ORDER WAS NOT ISSUED FOR THIS PURCHASE:
<input type="text"/>

WORKDAY ACCOUNT NUMBER	WORKDAY ACCT. NAME	SC CODE	AMOUNT
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

NOTE: This form does not require a signature approval. Once Accounting Services has entered it as a supplier invoice, the transaction will route for approvals in Workday.