

DIRECT PAYMENT REQUEST

LBCMP LBFDN LB49R

Date	Department Name	Dept Reference	Invoice Date	Invoice Number	Invoice Amount
Payee/Supplier Information			Supplier/Vendor 204	Attached	On-File Not Applicable
<div> Employee, Campus Employee, Foundation CSULB Student Non-CSULB Student Other State Employee Other </div>					
Non US Citizen (Foreign National Information Form must be submitted prior to payment)			NOTE: University and Foundation employees performing a service must be paid thru payroll		
Payee Name			If Supplier 204 N/A		
Payee Name 2 (DBA)			Employee/Stu ID		
Mailing Address			Payee Phone		
City, State and Zip			Payee Email		

CHARTFIELD							
BUSINESS UNIT	AMOUNT	ACCOUNT	FUND	DEPT ID	PROGRAM	CLASS	PROJECT
TOTAL AMOUNT							

JUSTIFICATION OR PURPOSE OF EXPENDITURE (BRIEFLY EXPLAIN HOW THE PURCHASE BENEFITS THE UNIVERSITY, RESEARCH OR PROJECT)

STATEMENT OF PAYEE/REQUESTER RESPONSIBILITIES (IF REQUESTING EMPLOYEE OR STUDENT REIMBURSEMENT, SIGNATURE IS REQUIRED)

I CERTIFY THAT THIS EXPENDITURE IS REASONABLE AND NECESSARY FOR THE DEPARTMENT'S OPERATIONS AND THE UNIVERSITY'S MISSION.

Payee Name/Requester (Please Print)	Payee Name/Requester Signature	Date	Extension
			

STATEMENT OF APPROPRIATE ADMINISTRATOR/APPROVER RESPONSIBILITIES

I CERTIFY THAT THE FUNDS ARE AVAILABLE FOR THIS EXPENDITURE AND THAT THIS EXPENDITURE IS REASONABLE AND NECESSARY FOR THE DEPARTMENT'S OPERATIONS AND THE UNIVERSITY'S MISSION.

Appropriate Administrator/Approver Name (Please Print)	Appropriate Administrator/Approver Signature	Date
Special Request Disposition	Pick-up Justification	Pick-up - Name and Phone
Special Handling, Enclosures Pick-up		