

## DISTRICT ACCOUNTS PAYABLE OFFICE

## OEI - Online Education Initiative DIRECT PAY REQUEST

(DO NOT USE FOR MILEAGE, TRAVEL, OR PROFESSIONAL SERVICES)

For Accounting Use Only	7						
BANNER ID:							
BANNER INV:	1						

Date of Request _	Date	Date Check Required		Your Reference #			
						(Optional)	
Make Check Payable To: (Please Print)			Remit To Addre (Please Print)		ess:		
PLEASE LIST THI	E INVOICES BELOW	: (PROVIDE COM	MPLETE E	XPLANAT	ION AND ATTACH (	ORIGINAL RECEIPTS)	
Poguirod							
Required: INDEX (6 digits)	FUND (6 digits)	ORG (6 digits)	ACCT (4 digits)		PROG (6 digits)	AMOUNT	
					TOTAL	:	
Requested by: First & Last Name (Please Print)		ease Print) Ex	extension Date		EMPLOYEE	EMPLOYEE Signature (Required)	
Approved by:	First & Last Name (Please Print)		ktension	Date	APPROVEF	R Signature (Required)	
Approved by:	First & Last Name (Please Print)		ktension -	Date	APPROVER Signature (Required)		