

Template

RENSSELAER
Direct Payment Request

FOR USE ONLY

DATE: 9/7/06
TO: Accounts Payable
FROM: Rugby PHONE #: 6505
DEPT: Rensselaer Union

I. THIS SECTION MUST BE COMPLETED
A. Is the payee an individual? Yes ___ (Skip to C) No ___ (Go to B)
B. Is the payment to this business going to result in a personal gain to an individual? Yes ___ (Go to D) No ___ (Go to Section II)
C. Is the payment going to result in a personal gain to the individual? Yes ___ (Continue) No ___ (Go to Section II)
D. Is this individual a U.S. citizen or permanent resident? Yes ___ (Go to Section II) No - Country of Citizenship ___ (Continue)
E. Do you want the payment amount to be grossed-up? (See instructions on reverse of this form for gross-up details) Gross-Up? YES ___ (Go to F) NO ___ (Go to F)
F. Reference the manual *Payments made to Nonresident Aliens*, section A/P System. Additional forms must be completed for payment.

II. Payee Name and Address ID# 661257894
Sally Smith
112 Fales Road
Troy NY 12180

III. Please issue check in the amount of \$ 11876
Invoice date (dd-mon-yr) _____
Invoice number (Appears on advice to vendor) _____
Date Payment Is Due for ACH pmts (Date you want payment to hit the vendors bank) _____

IV.	Comm#	Description	Fund	Org	Acct*	Prog	Actv	Locn	Amount	
	98100	equipment rental	302083	3137	089	90170	200207		\$11876	
			135497		89A			Credit	()	Withholding
										Adjusted Payment

☐ Send attached forms

Special Instructions: _____

Please attach originals for all supporting documentation.

v. Requestor Signature [Signature] Date 9/7/06
Please Print Name Kathy Blasi-Diggs
Authorized Signature [Signature] Date 9/7/06
Please Print Name Martha Riccioght

Office of Contracts & Grants Date _____
Please Print Name _____