



DIRECT PAY FORM

Complete all fields. Do NOT enter a requisition in Banner. Attach the original receipts and/or supporting documents and forward to Accounts Payable for payment. Please see www.uaa.alaska.edu/aptravel for more information about the Direct Pay Form (i.e. types of payments this form can be used for and supporting documents to attach).

Payee Legal Name: _____ UA ID#: _____

UA Students signed up for Direct Deposit through UAOnline will receive payment via Direct Deposit

Mailing Address: _____

Description of Payment:

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Purpose/benefit to the grant (required for 3012,3014, and 3031 expenses):

Account(s) to be charged:

FUND		ORG		ACCT		AMOUNT	\$
FUND		ORG		ACCT		AMOUNT	\$
						TOTAL	\$

By signing below, I hereby certify that this is a true and accurate expense that has not previously been paid, and I approve this expense for payment.

Signature Dean/Director/Budget Approver: _____ Date: _____

Signature of Grant Approver (if applicable): _____ Date: _____

By signing this report, I certify to the best of my knowledge and belief that the report is true, complete, and accurate, and the expenditures, disbursements and cash receipts are for the purposes and objectives set forth in the terms and conditions of the award.

Signature of P.I. (if applicable): _____ Date: _____

*****Accounts Payable Use Only*****

Need ID Created: YES / NO

If Yes, Date Created _____

Budget Check _____

Invoice _____

AP Manager Approval _____

Document No. _____