



VCU Procurement Services

VIRGINIA COMMONWEALTH UNIVERSITY

Direct Pay / General Encumbrance

This payment form is designed to facilitate and expedite departmental requests for payment. Complete the form, attach the original paperwork and send to Accounts Payable (Box 980327) for processing. Keep a copy for department records.

Banner Vendor Number (if known) _____

Vendor/Payee's ID Number: _____

Check the appropriate box:

FIN - Federal Tax Identification Number, **or** SSN - Social Security Number

Vendor/Payee's Name: _____

Vendor/Payee's Address: _____

Vendor/Payee's Classification: Employee Student Other

Business Purpose/Justification: _____

Total Amount: _____

Banner Account Distribution:	Index	Account	Amount

Direct Pay: Research / Survey Participant Petty Cash Replenishment

General Encumbrance: Sub Award

Department Contact: _____
Name Phone Number

Requestor Signature: _____
Signature Printed Name Date

Approver Signature: _____
Signature Printed Name Date

AP USE ONLY	
Document Number:	_____
Signature:	_____
Date:	_____