REQ#_____

EAST TEXAS BAPTIST UNIVERSITY
DIRECT PAYMENT REQUEST
(CAMPUS USE ONLY)

Vendor Name:		
Address:		
City:	State:	Zip:
Department:		
Account No.		
Account Title:		
Department Chair:		

DESCRIPTION	AMOUNT
TOTAL	

Date of Request _____/_____/_____

Date Required * _____/_____/_____

* Invoices must be attached for payment.

For Adm/Fin Use Only

Date Recd_____

Approved_____

Date:	Vice-President Approval: