REQ#_____

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

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

| DESCRIPTION | AMOUNT |
|---|---|
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| | |
| TOTAL | |

Date of Request _____/_____/_____

Date Required * _____/_____/_____

* Invoices must be attached for payment.

For Adm/Fin Use Only

Date Recd_____

Approved_____

| Date: | Authorized Approval |
|---|---|