DISBURSEMENTS
Direct Payment Form

Sam Houston State University

Use this form to disburse payment for refunds and special payments that cannot be processed through BearKatBuy, due to using account codes that do not begin with a 7.

Payee Name

Mailing Address

US Citizenship   **University Status**   **Vendor ID**

PAYMENT

Invoice Date   **Due Date**   **Business Purpose of Payment**   **Department Name**

Total Check Amount   **Invoice #**   **Explanation for Use**   **Special Instructions**

A purchase order or P-Card could not be used because...

Itemize Disbursement

	Qty	Item Cost	Description	Fund		Organization		Account		Program	Amount
1					–		–		–		
2					–		–		–		
3					–		–		–		
4					–		–		–		

REQUESTED BY

Name

Phone #   **Date**

Does the supporting documentation need to accompany the payment?

Yes   No

AP PROCESSING NOTES

Document #   **Reviewed Date**

Reviewed By

SIGNATURES

Each signature below will be interpreted as certification that all expenditures are valid with respect to business purpose, were authorized in advance to the extent possible, reasonable in amount, and have been documented as defined in the Policy & Procedure Statement.

Sign   **Date**

I certify that I have not received any reimbursements for this expense.

Payee/Participant

I have examined this reimbursement request and certify that it is just and reasonable.

Department Head

Division or Dean

For Special Funds, Foundations, Grants, etc.

Funding Source Authority

QUESTIONS? **ACCTSPAY@SHSU.EDU**

MEMBER **THE TEXAS** **STATE UNIVERSITY SYSTEM**