



EAST STROUDSBURG UNIVERSITY - REQUEST FOR DIRECT PAYMENT DP

USE OF THIS FORM IS LIMITED to payments outlined below. Most items should be procured through a purchase request **prior** to the good or service being provided, purchase card, or travel expense report. Please attach an original receipt along with any related backup information and submit to **Accounts Payable Department** (accounts payable@esu.edu).

Requestor Name: Date Prepared:

Requestor Department:

Payee Information

Supplier Name:

Check if employee

Accounts Payable Vendor Number:

Supplier Address:

Payment Information

Note: The university must comply with all applicable laws including the Commonwealth's Procurement Code, Act 57 of 1998, Title 62 § 543(a), which states "irrespective of the type of contract, no contract shall be effective until executed by all necessary Commonwealth officials as provided by law." If you have violated this referenced act, please obtain the additional VP approval for this unauthorized activity below.

Expense Justification:

Amount:

Accounting Information:

Fund Center:

GL Account:

Special Instructions:

University Approval

I authorize payment and certify this expense is accurate and was incurred for appropriate university purposes.

Supervisor (print name)

Signature:

Date:

VP (for After the Fact purchases, if required)

Signature:

Date:

Instructions for Request Form

1. This form should be used to request reimbursement or payment for the following items:
 - Professional membership dues and subscriptions regardless of dollar amount (unless allowable via a Pcard purchase). The membership/subscription order or renewal form must be included with this form.
 - Legal fees, regardless of dollar amount (must follow University Legal Counsel process for retaining legal services).
 - Goods and supplies already received **up to \$5,000 (which may require VP approval if a violation of the Procurement Code)**. Software programs and licenses, IT hardware and printers are excluded.
 - if the Pcard or PR process was not used and dept. has an invoice. Invoices may not include tax.
 - Note; employees should not use personal credit cards to purchase goods.
 - One-time repairs to equipment/one-time emergency repairs regardless of dollar amount if:
 - item is not on a prepaid maintenance contract.
 - there are no vendor agreement or terms and conditions.
 - All internal approvals are obtained.
 - Small services **up to \$3,000** provided there is no vendor agreement or terms & conditions with preapproval from the Procurement Department. Software programs & licenses are excluded.
 - Honoria/Speakers **up to \$5,000** provided there is no vendor agreement or terms & conditions.
 - Student awards (student research, etc.) and student musician that are non-payroll regardless of dollar amount.
 - Athletic Officials (outside of Arbiter contract) and scorekeepers regardless of dollar amount.
 - Bulk mailing requests.
 - Tuition waiver payments to other PASSHE universities (*for Student Accounts use only*).
 - Stipend payments to research subjects and students on campus under grant programs.
 - Payments to return unexpended grant funds to awarding agencies (*grant accounting only*).
 - Reimbursements from grant funds to outside vendors as per the terms of the grant agreement (*grant accounting only*).
 - Miscellaneous refunds (i.e., camps, etc.).
2. Supporting documentation must be included (i.e., invoice with signature/date approval).
3. Exceptions that fall outside of those items listed above including a potential need to reimburse an employee will be at the discretion of the Controller, only with prior approval and signature of the Controller.

4. This form should not be used for: Proper Method:

a. Travel reimbursements	Travel expense report
b. Off-campus business meals	Travel expense report
c. Food purchases	Purchase request or purchasing card
d. Services over \$53K or any consultants	Purchase request

5. Proper authorization (signatures) must be obtained; the requester of the form cannot be the approver.

6. Contact Accounts Payable Department with any questions concerning this form.

Accounts Payable Review	
	Date:
Signature:	Document #: