



Direct Pay

Document # _____

Are you using sponsored awards or gifts on this form?

- Yes - Route spa@nmsu.edu
- No - Route afr_approval@nmsu.edu

AP
Phone 646-1189
Fax 646-1077

Instructions: Use this form for all payments in which no purchase order was issued. 1) Compile all information on request. 2) Include the signature of a PI, Dean, Vice President, Community College President or their designee on original request. 3) Retain one copy of Invoice and request for departmental files. 4) Scan and send form form to AFR at afr_approval@nmsu.edu or SPA at spa@nmsu.edu.

SECTION 1: REQUESTOR INFORMATION

Date (mm/dd/yyyy): _____ Department: _____ Campus Box: _____

Requestor: _____ E-mail Address: _____ Phone: _____

SECTION 2: REQUEST DETAILS

Aggie ID: _____ Payee: _____

Remit To: _____
Name Address City, State, Zip

Description of Goods or Services	Amount
1.	
2.	
3.	
4.	
5.	
Total from Continuation Page	
Total	

I certify that charges herein are correct and just and that payment therefore has not been received.

Payee Signature: _____

Index	Fund	Account	Travel Encumbrance or Subcontract Number	Amount	P/F

SECTION 3: OFFICIAL APPROVAL

Printed Name: _____ Signature: _____ Date: _____

- Principal Investigator
- Dean/VP/CC President
- Designee

SECTION 4: CENTRAL APPROVAL

Fiscal Monitor Printed Name: _____ Signature: _____ Date: _____

SECTION 5: INTERNAL DEPARTMENT USE ONLY

Processed by: _____ Date: _____

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Date (mm/dd/yyyy): _____ Payee: _____

Description of Goods or Services	Amount
6.	
7.	
8.	
9.	
10.	
11.	
12.	
13.	
14.	
15.	
16.	
17.	
18.	
19.	
20.	
21.	
22.	
23.	
24.	
25.	
Total	