RENSSELAER

Direct Payment Request

A/P USE ONLY

DATE: _____

TO: Accounts Payable

FROM: _____ PHONE #: _____

DEPT: _____

I. THIS SECTION MUST BE COMPLETED

A. Is the payee an individual? Yes ___ (Skip to C) No ___ (Go to B)

B. Is the payment to this business going to result in personal gain to an individual? Yes ___ (Go to D) No ___ (Go to Section II)

C. Is the payment going to result in personal gain to the individual? Yes___ (Continue) No ___ (Go to Section II)

D. Is this individual a U.S. citizen or permanent resident?
Yes ___ (Go to Section II) No - Country of Citizenship_____ (Continue)

E. Do you wish the payment amount to be grossed-up? (See instructions on reverse of this form for gross-up definition.)
Gross-Up? YES___(Go to F) NO___ (Go to F)

F. Reference the manual *Payments made to Nonresident Aliens,* section A/P System. Additional forms must be completed for payment.

II. Payee Name and Address ID# _____

_____

_____

_____

III. Please issue check in the amount of $_____

Invoice date (dd-mon-yr) _____

Invoice number (Appears on advice to vendor) _____

Date Payment Is Due for ACH pmts
(Date you want payment to hit the vendors bank) _____

IV.

Commd.#	Description	Fund	Org	Acct*	Prog	Actv	Locn	Amount	
		135497		**89A**			**Credit**	( )	Withholding
									Adjusted Payment

☐ Send attached forms

Special Instructions: _____

Please attach originals for all supporting documentation.

V.

Requestor Signature Date	Authorized Signature Date	Research Administration & Finance Date
Please Print Name	Please Print Name	Please Print Name

See Instructions Page