

# EASTERN MICHIGAN UNIVERSITY

## Direct Pay

Please fill out **ALL** information and submit to the Accounts Payable Department for approval.  
If you have any questions, please call 734-487-0022 for assistance.

Vendor Name:		Smart or Eagle ID:	
Street Address:	City:	State/Zip Code:	
Phone:	Fax Number:		

Fund Code	Orgn Code	Account Code	Program Code	Activity Code	Location Code	Split Amount
Total Amount						

Invoice Date	Invoice Number	Amount
Total Amount		

Description and Reason for Purchase

Department:	
Department Address:	
Contact Person:	
Contact Phone:	
Date:	

Authorized Printed Name:	
Authorized Signature:	
Authorized Printed Name:	
Authorized Signature:	

Student Organizations (X funds) require two authorized signatures.

Accounting Signature:	
Date:	

Invoices submitted for payments not in accordance with University policies will be considered a personal expense for the individual placing the order with the vendor and will not be paid.

Original invoice must be attached to this form. If you only have a statement, please contact the vendor and obtain an invoice.

\* Whenever possible, employees are encouraged to use the University Purchasing Card.

\* This form is only to be used if the department has received the merchandise and payment needs to be made.

Valid for purchases of \$5,000 and under, which will not accept the University Payment Card and are not recurring.

\* Does not apply to "X" funds.