Direct Payment Form

For domestic payees only
(Foreign payees – use the "Direct Pay Form-International & Accounting")

Payment Services Use Only:
Voucher #: __________________
Cntl Group #: __________________
Check #: __________________
Check Date: __________________
AP Vendor ID __________________

STEP 1: Payee Information (Payable to)

Payee Type (choose one) ____________________________________________
If “Other”, explain ________________________________________________
Payee/Vendor Name _______________________________________________
Is Payee a CSU Employee? ______
If Yes, enter Campus Name _________________________________________
Mailing Address _________________________________________________
City ____________________________________________________________
State ______ Zip Code ______
Employees: enter home address ____________________________
Check if this is a new address ______
If address isn't in CA, did the payee come to campus? ______

STEP 2: Invoice/Expense Information

Invoice Expense Date ____________________________
Total Amount ____________________________
Invoice#/Short Description __________________________________________
Description of expense, including its business purpose (how this benefits CSUB):

STEP 3: Chartfield(s) – Where Should This Be Charged? (Check all business units related to chartfields below.)

<table>
<thead>
<tr>
<th>Business Unit:</th>
<th>BKCMP</th>
<th>BKASI</th>
<th>BKFDN</th>
<th>BKSPA</th>
<th>BKSTU</th>
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</thead>
<tbody>
<tr>
<td>Fund</td>
<td>Dept ID</td>
<td>Account</td>
<td>Program</td>
<td>Project</td>
<td>Class</td>
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STEP 4: Disbursement (Default is mailing.) Foreign payees – use the "Direct Pay Form-International & Accounting"

Mail Check
Mail with Attachment (submit 2nd copy)
AV Campus
Electronic Funds Transfer / EFT (employee reimbursements from BKCMC only; must have EFT form on file with AP)
Pick Up ____________________________
Person to Pick up ____________________________
Phone or email ____________________________

STEP 5: Supporting Documentation (See the bottom of the form for requirements)

Attachment(s) - Required

STEP 6: Contact Information

Name ____________________________
Contact phone/email ____________________________
Signature ____________________________
Date ____________________________

PAYMENT SERVICES 7/1/2023
**STEP 7: Reviews/Approvals**

The signature of an authorized approver for the chartfield(s) is required. The approver with signature authority for the chartfield(s) being charged must sign after any changes have been requested. No changes added to the form after the final chartfield approval can be accepted.

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<thead>
<tr>
<th>Type</th>
<th>Name</th>
<th>Signature</th>
<th>Date</th>
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Change(s) to be made (include Step 3 Row#)

This form will automatically route to Payment Services for processing after all signatures have been obtained. Required are:

1. The signature of an authorized approver for the chartfield(s) and
2. Sufficient backup paperwork, such as:
   a. The invoice(s) being paid or
   b. A statement including the scope of services provided (for individuals who do not invoice) or
   c. Receipt(s) for expenses being reimbursed plus proof of payment. Proof of payment is usually a receipt showing the method of payment, such as "cash" or the last 4 digits of the credit card used.
3. **A California tax form STD-204 is required for all payments to non-employees, even for reimbursements.** If Payment Services does not have a 204 form on file for the payee, we will notify the requestor after receipt of the form. [https://www.dgs.ca.gov/Resources/SAM/TOC/8400/8422-190](https://www.dgs.ca.gov/Resources/SAM/TOC/8400/8422-190)