



# 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.)

Business Unit:            BKCMP            BKASI            BKFDN            BKSPA            BKSTU

	Fund	Dept ID	Account	Program	Project	Class	\$ Amount
1							
2							
3							
4							
5							
Total							

## 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 BKCMP only; must have EFT form on file with AP*)  
Pick Up            Person to Pick up \_\_\_\_\_ Phone or email \_\_\_\_\_

## STEP5: Supporting Documentation (See the bottom of the form for requirements)

Attachment(s) - Required

## STEP 6: Contact Information

Name \_\_\_\_\_ Contact phone/email \_\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_\_

**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.

1	Type _____	Name _____	Signature _____	Date _____
	Change(s) to be made (include Step 3 Row#)			
2	Type _____	Name _____	Signature _____	Date _____
	Change(s) to be made (include Step 3 Row#)			
3	Type _____	Name _____	Signature _____	Date _____
	Change(s) to be made (include Step 3 Row#)			
4	Type _____	Name _____	Signature _____	Date _____
	Change(s) to be made (include Step 3 Row#)			
5	Type _____	Name _____	Signature _____	Date _____
	Change(s) to be made (include Step 3 Row#)			
6	Type _____	Name _____	Signature _____	Date _____
	Change(s) to be made (include Step 3 Row#)			
7	Type _____	Name _____	Signature _____	Date _____
	Change(s) to be made (include Step 3 Row#)			
8	Type _____	Name _____	Signature _____	Date _____
	Change(s) to be made (include Step 3 Row#)			
9	Type _____	Name _____	Signature _____	Date _____
	Change(s) to be made (include Step 3 Row#)			
10	Type _____	Name _____	Signature _____	Date _____
	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>