[- - - - - - - - - - - - - -Information Required - - - - - - - - - - - - - -]	
Honoraruim **SSN / TIN #**	**U S A Citizen?**
	☐ YES or ☐ NO

******* Finance Use only *******
Banner Document Number

Stetson University, Inc

Check Request - Direct Pay

Check Payable To:

Vendor #

Check Address:

☐ **HOLD** for pick-up
☐ US Mail
☐ **Campus** Mail

ZIP

Care of: _____

Nation:

Campus Unit # _____

Fund	Organization	Account	Program	
Fund Title	Organization Title	Account Title	Program Title	
	-	-	-	
	-	-	-	
	-	-	-	

Grand Total $

Description or Explanation

Budget Supervisor Signature — X _____ *Date*

Over **$300.00** V P or Dean Signature — X _____ *Date*

Department Contact & Ext # — X _____ *PH Ext #*