

[-----Information Required-----]	
Honorarium SSN / TIN #	U S A Citizen? <input type="checkbox"/> YES or <input type="checkbox"/> NO

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

Stetson University, Inc

Check Request - Direct Pay

Check Payable To:
Check Address:
ZIP
Nation:

Vendor #
<input type="checkbox"/> HOLD for pick-up
<input type="checkbox"/> US Mail
<input type="checkbox"/> Campus Mail
Care of: _____
Campus Unit # _____

Fund	Organization	Account	Program
_ _ _ _ _ _ _	_ _ _ _ _ _ _	_ _ _ _ _ _ _	_ _ _ _ _ _ _
Fund Title	Organization Title	Account Title	Program Title
_ _ _ _ _ _ _	_ _ _ _ _ _ _	_ _ _ _ _ _ _	_ _ _ _ _ _ _
_ _ _ _ _ _ _	_ _ _ _ _ _ _	_ _ _ _ _ _ _	_ _ _ _ _ _ _
_ _ _ _ _ _ _	_ _ _ _ _ _ _	_ _ _ _ _ _ _	_ _ _ _ _ _ _

Grand Total \$

Description or Explanation

Budget Supervisor Signature
 Over **\$300.00** V P or Dean Signature
 Department Contact & Ext #

X	Date
X	Date
X	PH Ext #