

This form is used for goods and services not requiring a purchase order. Upon receipt of good/services, send supplier invoice/document and the completed Accounts Payable Direct Pay form to Accounts Payable MS451. Two signatures required. Questions can be directed to Accounts Payable by email to accountspayable@utoledo.edu.

Vendor Information		Business Purpose
Vendor #: (AP use only)		
Payee:		
Address:		
Phone #:		
Fax #:		
		List of Attendee's or Recipients

Vendor does not accept credit cards.

Index	Acct.	Part #	Description / Invoice #	Qty.	Unit Cost	Total Cost
Terms and Conditions:					Total:	
					Shipping Charge:	
					Grand Total:	

Requested by:			
Department:		Phone #:	
Print Name:		Signature:	
Authorized Approver:			
Print Name:			
Signature:		Date:	
Vice President or Grants Accounting (if needed):			
Print Name:			
Signature:		Date:	