DIRECT PAY REQUEST (DPAY)

VENDOR ID: [ ]

See instructions on how to find this ID on sheet 2.

The University requires an active W9 tax form be attached to all payment requests for USA suppliers.

Could this purchase be paid for with a corporate Amex card? (< $5000) rather than this DPAY request?

The University requires an active W9 tax form be attached to all payment requests for USA suppliers.

Please staple this form to front of invoice (if available).

STOP

Could this purchase be paid for with a corporate Amex card? (< $5000) rather than this DPAY request?

VENDOR NAME:

ADDRESS:

CITY: STATE: Zip:

INVOICE #: INVOICE DATE:

INDEX and ACCOUNT CODE: GROSS $ AMT: DISC: NET $ AMT:

TOTAL NET $ AMT: $0.00

DUE DATE:

DEPT. APPROVAL: please print name here DATE:

please sign here

COMPLIANCE CHECK: AP use only DATE:

If no invoice attached, then please provide a description of goods/services provided (below).

Payee is a Foreign National and I have confirmed that their immigration status allows for this payment.

The payee’s VISA status is: [ ]

>>>ONE DPAY MUST BE COMPLETED FOR EACH INVOICE!<<<

NORTHEASTERN UNIV TAX-EXEMPT NUMBER IS: 04-1679980

ADDRESS SHOULD BE THE REMIT TO ADDRESS ON THE INVOICE

A. INVOICE # AND DATE DIRECTLY FROM THE INVOICE

1. USE INVOICE DATE AS INVOICE # (format as MMDDYY)

2. IF NO INVOICE DATE, USE DPAY DATE (format as MMDDYY)

3. IF SUBSCRIPTION OR CONFERENCE REGISTRATION, USE LAST NAME OF EMPLOYEE PLUS FIRST INITIAL FOLLOWED BY THE MONTH AND YEAR OF MEMBERSHIP OR ATTENDANCE (ex: mallon0815)

4. IF PHONE BILL USE THE 10 DIGIT PHONE # FOLLOWED BY THE MONTH AND YEAR OF BILL

B. All checks will be mailed to the payee unless an AP staff member has granted permission to pick this check up.

C. THIS FORM SHOULD NOT BE USED TO PAY AN INDEPENDENT CONTRACTOR. A PURCHASE ORDER SHOULD BE ISSUED BEFORE SERVICE IS RENDERED. ONCE SERVICE IS RENDERED AN INVOICE SHOULD BE SUBMITTED TO ACCOUNTS PAYABLE REFERENCING THE PO #.

PLEASE NOTE: INCOMPLETE FORMS WILL NOT BE PROCESSED AND WILL BE RETURNED TO YOUR DEPT.