

INSTRUCTIONS 1. Prepare in duplicate. 2. Send original to Accounts Payable. 3. Dept. should retain copy for its records. 4. Original vendor invoice and other supporting documents must be attached. 5. Sum of amounts must agree with payment. 6. Provide office phone # _____	TEXAS SOUTHERN UNIVERSITY DIRECT PAY VOUCHER Banner Vendor Number: _____ Payee Name: _____ (No initials or abbreviations for registration/membership vendors) Address: _____ City _____ State _____ Zip _____	REQUIRED FOR CONTRACTS 1ST voucher submitted y/n _____ If yes, attach signed contract. Total contract amount \$ _____ Total payments to date including this voucher \$ _____
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ONLY ONE (1) ORIGINAL INVOICE IS ALLOWED PER PAYMENT VOUCHER AND THIS FORM IS NOT APPLICABLE FOR TITLE III PAYMENTS

All checks are sent by U.S. mail or direct deposit. For pick-up from Bursar's Office indicate here _____

The total payment will be expensed to budget :

FUND	ORG	ACCOUNT	PROGRAM

	DESCRIPTION: If membership dues or registration, describe benefit to the university and list the beginning and end dates of the membership.	Amount
1		
2		
3		
4		



Total Payment _____

I HERBY CERTIFY THAT THE ARTICLES OR SERVICES DESCRIBED BY THE INVOICE ATTACHED AND LISTED ABOVE WERE NECESSARY FOR USE BY TSU AND HAVE BEEN DELIVERED OR PERFORMED AND THAT NO PRIOR CLAIM HAS BEEN PRESENTED FOR SAID ARTICLES OR SERVICES.

Site Location	Date	Voucher Prepared By	Department Head
Dean/Executive Director (If required)	Research & Financial Services(If required)	Vice President (If required)	

Prior to making a purchase, the user must confirm that the vendor is not on "Vendor Hold" with the State. To verify vendor hold status see: <https://cpafmprd.cpa.state.tx.us/tpis/search.html> If the vendor is "On Hold", another vendor must be selected. If not "On Hold", ATTACH PRINTOUT to voucher. Direct Payment Voucher will be returned if printout is not attached.