COPPIN STATE UNIVERSITY
University Direct Payment Request Form

Name _____ Title _____   Date _____

Dept _____School _____Phone Ext_____

Vendor _____

Invoice # _____

Invoice Amount $_____

Justification for Purchase _____

_____

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_____

Required: PeopleSoft Chart Field Information

Account #	Department or Project #	Program #	Fund #
⬚⬚⬚⬚⬚⬚	⬚⬚⬚⬚⬚⬚⬚	⬚⬚⬚⬚⬚	⬚⬚⬚⬚

I certify that there is sufficient funding available in this department or project budget to cover this expenditure. To the best of my knowledge, this purchase complies with applicable University policies and procedures.

Area Vice President Signature_____ Date _____

Procurement Director Signature _____ Date _____

Assistant VP for Finance or VP for Administration and Finance: (Required for year-end closing payments)
        Approved_____ Disapproved____

AVP for Finance or VPAF Signature _____ Date _____

Revised 05/2016