

California State University Fresno

Direct Pay & Hospitality Approval Form

Date: _____ **Check one:** Employee Student Supplier Travel Supplier

Payee Name: _____ **ID#:** _____

Address: _____ **City/State:** _____ **Zip:** _____

Payee Certification:
I certify that this is a true and just invoice for which payment has not been received.

Signature _____

Description of Expenditure:

Membership Justification: *(Explain purpose or benefit to the University)*

Food/Hospitality Justification: *(Explain how this expenditure will benefit the educational mission of the University)*

Date of Expenditure:
 Event/Function Name:
 Location:
 Off Campus Attendees:

Special Instructions to Accounts Payable:

Department Must Complete	Accounting Only
Contact Person Phone #	Group # Voucher
Department Name MS	Payee / Loc# Invoice Date
Amount	Invoice #
Authorized Name (Print) Authorized Name Signature	Amount Due Date
Approval Signature	Use Tax Corp / 1099
Provost/V.P. (Retreats must be approved by Provost or V.P.)	Check Date Check #
Procurement Signature Financial Aid (if applicable)	Comments

PeopleSoft Chartfields

Account	Fund	Department	Program	Class	Project	Amount

Attach only one invoice per Direct Pay & send to Accounts Payable @ JA 58