



Banner Direct Payment Request Form

Use this form to request special payment that do not fall under the category of a Purchase Order and/or the Reimbursement Request Form. Original invoices, receipts or other supporting documentation must be provided with this form. All fields are required. Incomplete forms will be returned, which will cause delay in payments. Direct Payment Requests are processed directly in our ERP system. Banner Direct Payment Form should only be used for Benefits, Insurance, Union, Taxes, and Returned Funds.

Payee Information: Banner Vendor ID #: _____

1. Type of Payee: Non-Employee (Individual) Business
2. Full Business Name or Payee Name: _____
(First Name, Middle Initial, Last Name)
3. Address: _____
(Street Address, City, State, Zip Code)
4. Special Delivery Instructions (extraordinary circumstances only):

Expense and Account Details (All Fields Are Required):

Description	Amount	SELECT Index OR Fund	Account Number
TOTAL			

All Fields Are Required:

Requestor Name (print)	Signature	Telephone/Email address	Date
Department Name/Room#			
Approver/Administrator (print)	Signature	Telephone/Ext.	Date
Approver/Administrator (print)	Signature	Telephone/Ext.	Date

Note: The requestor cannot be the approver. If they are, the form will be returned for adjustments to be made.

Send Completed Forms To: Accounts Payable: helen.martinez@einsteinmed.org

For Accounts Payable Use: Approver Initials: _____ Date: _____