

# DIRECT PAYMENT REQUEST

LBCMP    LBF DN    LB49R

Date	Department Name	Dept Reference	Invoice Date	Invoice Number	Invoice Amount

Payee/Supplier Information	Supplier/Vendor 204	Attached	On-File	Not Applicable
Employee, Campus    Employee, Foundation    CSULB Student    Non-CSULB Student    Other State Employee    Other Non US Citizen (Foreign National Information Form must be submitted prior to payment)    NOTE: University and Foundation employees performing a service must be paid thru payroll				

Payee Name	If Supplier 204 N/A	
Payee Name 2 (DBA)	Employee/Stu ID	
Mailing Address	Payee Phone	
City, State and Zip	Payee Email	

CHARTFIELD							
BUSINESS UNIT	AMOUNT	ACCOUNT	FUND	DEPT ID	PROGRAM	CLASS	PROJECT
TOTAL AMOUNT							

**JUSTIFICATION OR PURPOSE OF EXPENDITURE (BRIEFLY EXPLAIN HOW THE PURCHASE BENEFITS THE UNIVERSITY, RESEARCH OR PROJECT)**

**STATEMENT OF PAYEE/REQUESTER RESPONSIBILITIES (IF REQUESTING EMPLOYEE OR STUDENT REIMBURSEMENT, SIGNATURE IS REQUIRED)**  
 I CERTIFY THAT THIS EXPENDITURE IS REASONABLE AND NECESSARY FOR THE DEPARTMENT'S OPERATIONS AND THE UNIVERSITY'S MISSION.

Payee Name/Requester (Please Print)	Payee Name/Requester Signature	Date	Extension

**STATEMENT OF APPROPRIATE ADMINISTRATOR/APPROVER RESPONSIBILITIES**  
 I CERTIFY THAT THE FUNDS ARE AVAILABLE FOR THIS EXPENDITURE AND THAT THIS EXPENDITURE IS REASONABLE AND NECESSARY FOR THE DEPARTMENT'S OPERATIONS AND THE UNIVERSITY'S MISSION.

Appropriate Administrator/Approver Name (Please Print)	Appropriate Administrator/Approver Signature	Date

Special Request Disposition	3 L F N   X S   - X V W L   i   F D W L R Q	Pick-up - Name and Phone
Special Handling, Enclosures    Pick-up		