

# DURHAM PUBLIC SCHOOLS REQUEST FOR DIRECT PAY

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VENDOR NAME: \_\_\_\_\_ VENDOR #: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

STREET NAME: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

<u>BUDGET CODE</u>	<u>AMOUNT</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

TOTAL DIRECT PAY: \_\_\_\_\_

**PLEASE PROVIDE BELOW A DETAILED EXPLANATION OF THIS DIRECT PAY REQUEST**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

REQUESTED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

APPROVED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

FINANCE APPROVAL: \_\_\_\_\_ DATE: \_\_\_\_\_

