

Direct Pay Form

Direct Payments may occur when the allowable goods or services are not required to be purchased through the eVA Procurement process, and therefore an eVA Purchase Requisition is not required. See Payment Method Guidelines to ensure this form is appropriate.

Delivery Date and Instructions

Requested Payment Date:	Delivery Instructions (check one):	Mail to Address Below / Direct De	eposit Mail with Enclosure
		Other (Specify)	
Payee Information			
NAME:		BANNER II	O (see additional information below)
P.O. BOX AND/OR STREET ADDRESS:		CITY	ST ZIP CODE
PHONE NUMBER AND/OR EMAIL ADDRESS	3:		
ADDITIONAL INSTRUCTIONS:			
Department (Requestor of	Service)		
DEPARTMENT:	CONTACT PERSON:	Ph	HONE #:
Description of Service (Des	scription must be detailed. Do not use acr	1	ion if available.) FOAP :
DESCRIPTION:	I		
Requestor Signature	Printed (name and Phone Number	Date
Dean, Director, or Department I	Head Signature Printed	name and Phone Number	Date
Sponsored Programs (External	Grants Only) Printed	name and Phone Number	Date
/ice President Signature /required for any amount over \$		name and Phone Number	Date

Additional Information

- A1099 Miscellaneous Income Form for nonemployee compensation will be issued if cumulative payments are \$600 or more in a calendar year.
- Note on Banner ID Field: For existing Payees, enter Banner ID. For new Payees, enter "NEW", attach completed COVA W9. All required documentation must be submitted at least 10 business days in advance of payment needs.
- Form must be submitted to Accounting Services via Campus Mail Box 6906 or email at acctspayable@radford.edu.