



Direct Pay# EV

(Assign Number – at least 6 digits)

EXPENSE VOUCHER/DIRECT PAYMENT REQUEST

This form is used to request the issuance of a check and is not intended to bypass procurement or fiscal rules. A PO should be processed for the purchase of goods/services more than \$5,000.00. Exceptions to the dollar threshold must be pre-approved by the Procurement Manager/Controller. **This form CANNOT be used to pay a RRCC/CCCS/other college employee or PERA Retiree.**

Date _____ Dept _____ Contact Name _____ Org _____

Payee Name _____

Remit To Address _____

Phone _____ Email _____

Purpose: Mark all that apply below.

- Pay invoice for goods up to \$5,000.00
- Pay for services up to \$5,000.00 (Independent contractor guidelines must be followed. Collect [IC paperwork](#) for personal services.)
 - Repairs/maintenance/etc. (On-Site service requires a copy of the vendor’s insurance.)
 - Professional presentation/guest speaker
- Honorarium payment (Attach W9, PERA Retiree form, Invoice – cannot exceed \$250.00)
- Employee reimbursement (Attach itemized receipt) Employee S#: _____
- Other - Define: _____ (i.e. dues/memberships, license fees, utilities, etc.)

<ul style="list-style-type: none"> • Detailed description of charges AND reference document/invoice number(s). • Indicate “OK to Pay” along with signature and date on the attached document/invoice(s). • Attach any required paperwork (i.e. W9, PERA Retiree form, etc.) 	Amount
TOTAL	

Do you have a Fiscal Delegate Signature Form on file with Purchasing? If no, you are not authorized to sign this document.

With my signature below, I certify there are sufficient funds in the budget to cover this payment request and this expense is for official college business only. All goods and/or services have been satisfactorily received.

1st Level Approval _____
Printed _____ Signature _____ Date _____

2nd Level Approval _____
Printed _____ Signature _____ Date _____

EXPENSE VOUCHER/DIRECT PAYMENT SUBMISSION: One complete PDF emailed to Lynn.Beltran@rrcc.edu.

Business Services Only

Purchasing Reviewed and Approved _____ Date _____ **OR** Forwarded to Grant Accountant for Review _____ Date _____

Banner Number _____ W9: Attached On File Not Required (Refund/Reimbursement)

Grant Reviewed and Documentation Approved _____ Date _____ SAM Search: Y N

Account Code _____ AP Voucher # _____ Tax Type _____

SERVICE ONLY:

Insurance: Y, on file NA IC Forms: Y N If Yes, PERA IC Questionnaire

Payroll Review: Y N If Yes, Not a CCCS Employee Not a PERA Retiree _____ Initials _____ Date _____