SOUTH ALABAMA MEDICAL SCIENCE FOUNDATION

DIRECT PAY REQUEST

(Do not use for University purchases)

DATE	REQUEST NUMBER

G/L Acct (Subcode)	Dept #	Fund # (1,2,3, or 4)	MSF Project #	Responsible Person (Assigned #)	Amount

Requestor Information	Payee Information
NAME:	NAME:
DIVISION:	STEET:
DEPT:	CITY:
BLDG:	STATE: ZIP:
PHONE:	PHONE:

QTY	DESCRIPTION	UNIT OF MEASURE	UNIT COST	TOTAL
				0.00
				0.00
				0.00
				0.00
				0.00
				0.00

1. After departmental approvals are obtained, submit this form to the **COM** Business/Accounting by email at COMBO@southalabama.edu
2. Please combine all receipts or invoices into a single PDF and attach to this form.
3. For membership and subscriptions, attach the order or renewal form.

Total Due 0.00

Special Instructions: _____

Approvals

Requestor's Signature	_____	Date: _____
Department Approval	_____	Date: _____
COM Bus Office Approval	_____	Date: _____
COM Dean Approval (Over $500)	_____	Date: _____
Other Approval	_____	Date: _____

Revised October 2025