



### 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 Purchase Order 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 and/or Controller.

Date \_\_\_\_\_ Dept \_\_\_\_\_ Contact Name \_\_\_\_\_ Org \_\_\_\_\_

Payee Name \_\_\_\_\_

Payee Address \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Purpose: Mark all that apply below.

- Pay invoice for goods up to \$5,000.00
- Pay invoice for services up to \$5,000.00 (On-site service – Vendor insurance is required and [IC paperwork](#) collected for sole proprietors & partnerships. Independent contractor guidelines must be followed.)
- Payment for guest speaker (Attach W9, PERA Retiree form, Invoice – cannot exceed \$5,000.00)
- Employee reimbursement (Attach itemized receipt) Employee S#: \_\_\_\_\_
- Other - Define: \_\_\_\_\_ (i.e. dues/memberships, license fees, utilities, etc.)

Detailed description of charges <b>AND</b> reference document/invoice number(s). Indicate "OK to Pay" along with signature and date on the attached document/invoice(s).	Amount
<b>TOTAL</b>	

**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](mailto: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 \_\_\_\_\_