

Direct Pay Procedures

Expenditures that are eligible for Direct Pay include:

- ☞ Reimbursements to employees for travel or purchases
- ☞ Payments to athletic officials
- ☞ Payment for registration at a workshop or conference
- ☞ Payments to consultants
- ☞ Payments to professionals (including physicians, dentists, psychologists, psychiatrists, physical therapists, nutritionists, etc.)
- ☞ Payments for fundraisers
- ☞ Small repairs (up to \$200); repairs costing more than \$200 require a purchase order.

NOTE: If you are paying for goods, you should have a purchase order and would not use Direct Pay. The only exception to that is if you use a campus check to pay for goods with an activity account; in that case, a purchase order would not be required. A Direct Pay Request IS NOT the equivalent of a campus check.

Who should enter a Direct Pay Request?

If you are the person who would normally have entered a PO for the same type transaction (see list above), you probably should be the one to enter the Direct Pay Request. However, if you do not have access to the account code for the request, you need to send the signed paperwork to the person who does have access to that account. Then that person's secretary can enter the Direct Pay Request, print it, and have the appropriate person sign it for authorization. Stamped signatures are not acceptable.

Documentation to be sent to Accounting:

- ☞ Direct Pay Listing signed by all appropriate staff who must authorize the expenditure
 - Please note that we only require the authorizing signature(s) on the Direct Pay Request report only. For example, your supervisor does not have to sign both the travel voucher form and the Direct Pay Request form; have him/her sign the Direct Pay Request only.
 - Include other documentation you have sent in the past including but not limited to:
 - Travel Voucher
 - Non-Employee Expense Statement (properly signed by payee)
 - Receipts

Note well: Please attach a calculator tape indicating how you got your total if there are several items and remember not to include sales tax (unless appropriate). Also, please be sure that you **put a current address** on any reimbursement form.

ONLY ORIGINAL FORMS AND RECEIPTS ARE ACCEPTABLE. SEND YOUR DIRECT PAYS TO ACCOUNTING BY CAMPUS MAIL. DO NOT SEND COPIES; KEEP A COPY FOR YOUR RECORDS.

Direct Pay Entry Procedures

To create a direct pay request, select menu option *Direct Pay Request Entry* (XACP.402) from your menu and press **Enter**. If you know the TISD vendor ID number for the vendor, type the number at **Direct pay vendor**. If you do not know the number, position the cursor to **Direct pay vendor** and press the **F4** function key. Type a portion of the vendor name at **Position to** and press **Enter**. If there are multiple vendors with the same name, be sure to select the correct vendor by address and name. Move the cursor to the correct vendor number and press **Enter** to select the vendor. Once you have the correct vendor number, type **A** at the action bar and press **Enter**.

- ☞ If you do not see the vendor, use New Vendor Request Entry (XPUR.381) to request the vendor and return after the number has been assigned.

```
6/20/02  FY  2      TYLER INDEPENDENT SCHOOL DISTRICT      14:28:40 TAYLORDB1
TXCUSTOM                               Direct Pay Request Entry                               Ref: XACP.402.01

A      DIRECT PAY VENDOR: _____  DIRECT PAY NUMBER: _____
Add
Change
Delete
Lookup
Print
Index      Index: 1
End          1 = Direct Pay Requests by User ID
              2 = Vendors By Number
              3 = Vendors By Name:
```

On the screen that displays, complete a line for each request for the same vendor. You may combine multiple invoices for the same vendor on one request. The vendor name and address display at the top of the screen for your reference. Be certain these match the materials you have.

Once you've entered the Direct Pay request, print it using **P** for print at the action bar. This form **must** be signed by all appropriate persons. If multiple signatures are required for payment by the manager of the associated accounts, all signatures must be on the direct pay request report.

Attach the required forms and receipts to the direct pay request report and send this to Accounting. Once we receive it, we will review it for appropriate documentation and for accuracy. If we have to make any changes, we will inform you of that. If the account was wrong and you need to move money to the appropriate account, we will return it to you to make those changes.

TXCUSTOM	Direct Pay Request Entry	Ref: XAP.402L.11
Vendor: 39446	NEWS/400 TECHNICAL TRAINING	Direct Pay #: 12
Address: 221 E 29TH STREET		Date Created: 06/20/02
City/State/Zip: LOVELAND, CO 80539		1099 Vendor?: N

CMD	Account Code/Description	Invoice #	Status	Amount
BEGIN				
1.0	Invoice #:	Invoice Date: 06/20/02	1099 Invoice?: N	
	Acct:	Amount:		
	Reason:	Status:	Print Separate Check?: N	
		F3=Exit F4=Index F5=Reset	F12=Cancel Cancel? N	

For each line, please note the following:

- INVOICE NUMBER:**

 - **If you have an invoice number from the vendor, use it.**
 - It is ESSENTIAL that we create invoice numbers the same way when they are not available so that we can ensure we don't duplicate a payment.
- Travel reimbursement:** Enter the first 7 characters of the city and the last date of travel.

 - Example: AUSTIN05/15/02. For employees who are paid for their travel in town, please use Tyler and the last date of travel as in: **TYLER05/15/02.**
- Reimbursement of expenses:** Enter **REIMB** and the date of the last receipt.

 - Example: **REIMB05/15/02.**
- Consultants:** Enter the Organization Code, space, then the last date of service.

 - Example: **003 05/15/02.**
- Officials/Ticket Seller/Ticket Taker/Score Keeper/Clock Keeper/Chain Crew:** Enter the Organization Code, space, then the date of the game as the invoice number. The invoice date should also be the date of the game.

 - Example: **003 05/15/02.**
- Conference /Workshop Reservations:** Enter the first 7 characters of the registered person's last name. If the last name is shorter than 7 characters, continue using the first name. Then enter the date the conference/workshop will begin using 2 characters for day, 2 characters for month and 2 characters for year.

 - Example: **SMITHAN05/15/02** (for Ann Smith who went to the doctor on 5/15/02)
 - Another Example: **GONZALE05/15/02** (for Ann Gonzalez)
- Tuition:** Enter TUITION and the date of the request.

 - Example: **TUITION05/15/02.**
- Scholarships:** Enter the organization code and the last name and first initial of the student.

 - Example: **001 SMITHJ**
 - On the first description line, be sure to type the full name and SSN of the student
 - Example: Jeff Smith 555-55-5555

☞ **Doctors, Dentists, other medical charges:** Enter the first 7 characters of the patient's last name. If the last name is shorter than 7 characters, continue using the first name. Then enter the DOS (date of service) using 2 characters for day, 2 characters for month and 2 characters for year.

- Example: **SMITHAN05/15/02** (for Ann Smith who went to the doctor on 5/15/02)
Another Example: **GONZALE05/15/02** (for Ann Gonzalez)

☞ **INVOICE DATE:** If you have an invoice, use the date of the invoice, if not, enter the date the expenditure occurred.

☞ **REASON:** This field is required. Please enter a brief explanation of what we're paying.

IF YOU WOULD LIKE TO PICKUP THE CHECK, PLEASE HAND WRITE A NOTE ON THE FRONT OF THE DIRECT PAY BEFORE SENDING IT FOR PROCESSING. ALSO, PLEASE NOTE ANY SPECIAL HANDLING INSTRUCTIONS ON THE FACE OF THE DIRECT PAY.