

Direct Payment Requests (DPR)

- Do not require PO
- Are allowed for certain categories of payments
- The following categories will require the use of the DPR form:
 - Registration fees
 - Rent
 - Utilities
 - Subscription renewals
 - Membership dues
 - Unplanned Equipment repairs
 - Research Subject fees



Direct Payment Requests (DPR)

- The following categories will also use the DPR process but will have their own forms:
 - Independent Contractor payments
 - Student Travel Reimbursements
 - Visitor Travel Reimbursements
- The DPR process cannot be used to pay invoices for the purchase of products that should have been ordered using a PO



Direct Payment Request

Department: Accounts Payable	Request #:	
Dept Code: REC	Voucher #: (AP Use Only)	
Request Date: 9-26-08	Vendor/ Payee Name: The New York Times	
Requestor: Guy Wilson	Address: P.O. Box 371456	
Phone: 1-4445	City, State Zip: Pittsburgh, PA 15250-7456	
Email: gwilson@northwestern.edu	Invoice #:	
Payment Type <input checked="" type="checkbox"/> Registration, Subscription, Membership, Equipment Repairs, Research Subject Fees <input type="checkbox"/> Petty Cash <input type="checkbox"/> Foreign Currency <input type="checkbox"/> Other	Invoice Date:	
Check Handling <input type="checkbox"/> Mail <input checked="" type="checkbox"/> Mail with Enclosure <input type="checkbox"/> Hold for Pick Up-Evanston <input type="checkbox"/> Hold for Pick Up-Chicago	Invoice Gross Amt: \$25.60	

Ln	Payment Description (30 chars max per invoice line)	Qty	Unit	Unit Price	Ext Amt	Fund	Dept	Project	Act	Pgm	Acct
01	FY09 subscription	1	ea	\$25.60	\$25.60	110	5600100				73010
				Total	\$25.60						

Requesting Area Approvals		Signature	Date
Dept	JOHN SNDW	<i>John Sndw</i>	11/24/08
Dean/ Area Admin	BETSY BROWN	<i>B. Brown</i>	11/5/08
Business Office Approvals		Signature	Date
Dept			
ASRSP			
Acct'g Svcs			
AP			

Visitor's Expense Report



NORTHWESTERN
UNIVERSITY

Department:
Dept Code:
Request Date:
Dept. Contact:
Phone:
Email:

Request #:
Voucher #:
Visitor
Vendor Code:



Visitor: Please Complete this Section

Visitor Name:
Address:
City, State ZIP:
Phone:

Business Purpose:

Inclusive Dates of Travel or of other Expense listed
From: To:

Original receipts must be submitted for all claimed expenses

Expense Item	Description, Documentation Requirements	Explanation of Expense	Amount
Air	Coat rate; attach original passenger receipt		
Rail	Attach original passenger receipt		
Ground Transportation	Tax, etc., attach original receipts and include tip		
Automobile	Enter Mileage Total: @ 0.585 per mile: \$0.00	Parking Total:	\$0.00
Other Transport	Rental car, etc.		
Hotel Room & Tax	Attach original hotel voucher		
Meals	Attach original receipts, dinners may not exceed \$65 per night, incl. tax and tip		
Incidentals	Attach original receipts, gratuities & other misc. items		
Non-travel Expense #1			
Non-travel Expense #2			
Non-travel Expense #3			
Total Expense			\$0.00

I certify that I have paid out these amounts for University-related activities in support of the business purpose listed and in accordance with University policies and procedures, that sponsored project expenses contain no charges for alcoholic beverages or other unallowable items, and that I have not previously received nor will I receive separate reimbursement from Northwestern University or any other entity for any charge I am submitting on this form.

Visitor Signature _____

Date _____

NORTHWESTERN UNIVERSITY USE ONLY

Approval

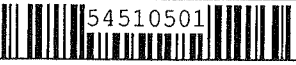

I certify that these expenses were incurred for University related activities and approve them as proper charges to University accounts.

Fund	Department	Project	Activity	Program	CF1	Account	Amount

Area Approval _____ Name (Print) _____ Signature _____

Dean or Supervisor _____

Date _____

Contracted Services Form for U.S. Residents		Request #: 	
 NORTHWESTERN UNIVERSITY	Requestor:	Voucher #: (AP Use Only)	
	Department:	Payee ID:	
	Dept Code:	Request Date:	Check Handling <input type="checkbox"/> Mail <input type="checkbox"/> Mail with Enclosure Hold for Pick Up: <input type="checkbox"/> Evanston <input type="checkbox"/> Chicago
	Phone:		
	Email:		

This form must be completed each time services are rendered by an individual consultant or independent contractor.

Contractor Information

Name:	Period of Service From:	To:
Address Line 1:	Rate of Pay or Flat Fee:	
Address Line 2:		
City, State Zip:		
Summary of Contracted Services (30 chars max):		
Additional Description of Services:		

Contractor's Acknowledgement

I understand that payment will not be issued until performance and completion of the contracted services, and that the date of payment cannot be prior to the work completion date. I understand that agreed upon expenses will not be reimbursed unless I complete a Travel Expense Report and attach original receipts.

I certify I have not been paid as an employee of Northwestern within the last twelve months. I understand that this payment does not include any employment benefits or tax deductions and that the payment of these is my responsibility.

Contractor Signature: _____ Date: _____

University Payment Request

Services start date: _____ Services completion date: _____

Expense Item	Fund	Dept	Project	Act	Program	Acct	Amount
Services						75010	
Reimbursable Expenses						75015	
T&E Expenses (from T&E)							
Total Payment							

University Approvals

I approve the payment for services and expenses noted above. The cost was incurred in conformance with the current HR policy on Independent Contractors and Consultants on the Northwestern web site. If charged to a Sponsored Project account, it is understood and agreed that these expenditures are subject to review and audit and if found to be unallowable, they will be transferred to a non-sponsored departmental account. The payment requested includes only the expenses associated with the contracted services, is not in payment of honorarium or for subsistence, and is not in avoidance of immigration restrictions, Affirmative Action requirements, payment of fringe benefits, statutory taxes, fees, insurance premiums or any other applicable statutory employment regulation.

Approver	Name (print)	Signature	Date
Principal Investigator or Hiring Representative			
School or Center			
OSR or Controller			