

UNIVERSITY OF WEST FLORIDA DIRECT PAY REQUEST (DPR)

A/P Use Only
1099: _____
Date: _____
Check#: C _____
DD#: ! _____
Doc#: IO _____
Keyed by: _____

SEND COMPLETED FORM TO THE CONTROLLER'S OFFICE - BLDG 20E or email accountspayable@uwf.edu

Contact the UWF Requestor below when the check is ready for pickup

VENDOR/PAYEE INFORMATION:

UWF Student Student Employee UWF Employee Individual/Vendor

Banner/UWF ID# _____

Payee Name (must match IRS tax records) _____

Business Name (if different from above) _____

Remit Address _____

City _____ State _____ Zip Code _____ Phone _____

UWF REQUESTOR:

Name _____ Dept/Bldg # _____

Phone _____ Email _____

REQUIRED FOR PAYMENT. This purchase serves the interests of higher education as follows:

BANNER INDEX NO.	COMMODITY CODE	ACCOUNT CODE	ACTIVITY CODE	DESCRIPTION OF COMMODITY/SERVICE	AMOUNT
					\$
					\$
					\$
					\$
					\$
					\$
TOTAL					\$

ADDITIONAL ATTACHMENTS (check when applicable):

- For Sponsored Research accounts, proof is attached that Catering, Food, or other exceptional purchase is specifically authorized in the grant.
- An original approved contract is attached for entertainment contracts.

If the individual is a corporation or a government entity, the questions below do not need to be answered.

For individuals who are independent contractors/consultants and are not a UWF employee, please answer the questions below:

YES NO If the answer of any of questions 1 - 5 is "YES," do NOT fill out/submit this form; instead process an Action Sheet and contact OHR.

- 1. Does the individual currently work at or for UWF?
- 2. Is there a regular or on-going relationship with the individual? For example, are you hiring them for more than a one-time task?
- 3. Are the services of the individual integrated into your organization and performed on a continuing basis as part of our department's on-going operations?
- 4. Is a UWF department providing long-term assistance and support to the individual, such as personnel support, supplies, equipment, etc.?
- 5. Is the UWF department providing on-going training and step-by-step direction concerning how to complete the task or does a UWF department have the right to change the processes the individual is using to complete the task?

If the answer to questions 6 and 7 are "NO", do NOT fill out/submit this form; instead process an Action Sheet and contact OHR.

- 6. Does the individual provide the same or similar services to others?
- 7. Does the individual bear the risk of making a profit or losing money under this agreement?

HELPFUL REMINDERS: All Direct Pay Requests must be accompanied by a vendor's original invoice or receipt.

Authorized Signature _____ Date _____

Printed Name _____