#### **Pay Direct Request**

|  |
| --- |
| VENDOR/ADDRESS (PAY TO) |
|  |
| Phone Number & Fax Number:  |
| AGENCY/ADDRESS |
| **Colorado Community College System**9101 East Lowry BoulevardDenver, CO 80230-6011 |
| Date: |  |
| **Amount Requested:**  | **$** |
| Org Code: |  |
| Commodity Code: |  |
| **Name of Requester:** |  |
| Division: |  |
| Phone: |  |
| *When Check is Ready:* | *Please Mail Check OR Please Call When Ready* |
| REASON FOR REQUEST: |  |
| *I hereby certify that the goods included in this request are/were used by this agency and that I incurred or paid the expense claimed.* |
| *Requestor Signature* |  |
| *Org Code Manager Signature* |  |

***Please attach original invoice or other evidence of supporting documentation and once complete***

***turn in to Accounts Payable: Audrey Lucero ~ Finance, 2nd Floor System Office ~ (303) 595-1603***