



SOLANO
COMMUNITY COLLEGE

Direct-Pay Form

If you have any questions, please email or call Accounts Payable

<p>Payee: (Type name exactly as it should appear on Warrant)</p> <p>Vendor No.:</p> <p>Mail check to: Street/P.O. Box</p> <p>City State Zip</p> <p><i>For Employee or Student Payees, please provide:</i> SCC ID No.:</p>	<p>Please check one of the following:</p> <p><input type="checkbox"/> Magazine Subscriptions*</p> <p><input type="checkbox"/> Membership Fees/Dues*</p> <p><input type="checkbox"/> Petty Cash Reimbursement</p> <p><input type="checkbox"/> Reimbursement</p> <p><input type="checkbox"/> Other (Specify): _____</p> <p>Dollar Limit Guidelines (per FY): Goods < \$200 Services < \$500</p> <p style="color: red;">NOTE: All supporting documentation must be attached to this form. *-- Two copies of the Invoices for Memberships & Subscriptions must be attached to this form.</p>
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DESCRIPTION:

BUDGET CODE:

FUND	ORG	ACCOUNT	PROGRAM	ACTIVITY	LOCATION	AMOUNT
TOTAL:						\$

I/We hereby certify the payment described above is made in accordance with SCC District Regulations.

PRINT NAME / SIGNATURE (PAYEE if an individual/REQUESTOR if a vendor)	DATE
PRINT NAME / SIGNATURE (BUDGET MANAGER/VP)	DATE
PRINT NAME / SIGNATURE (ACCOUNTANT/FISCAL MGT)	DATE

**Accounts Payable
Processed**

Signature

Document # / Date