Field-by-Field Guide for Direct Pay Form

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# Header Section – Business Unit

**Business Unit:** Select from the drop-down the appropriate business unit associated with the funding source for the payment request.

* ASI = Associated Students, Incorporated
* SMSU = Santos Manuel Student Union
* UEC = University Enterprises Corporation
* Stateside = CSUSB
* PHIL = Philanthropic Foundation

Based on the business unit selected, the correct business name will populate to the left of the Business Unit field.

# Section 1 – Payee Information

**Is Payee a Student or Employee?:** Please select from the drop-down list one of the following:

* **CSUSB Employee** - This includes all CSUSB employees—faculty, staff, and auxiliary personnel—along with POIs, such as individuals working in support of our Sponsored Programs. A Campus Personnel Lookup field will appear. Search for the employee’s name by first name, last name, or Coyote ID. Please select the correct employee on your first submission, as your choice will be locked. To select a different option, you will need to navigate back to the Direct Pay Form and start over. Once selected, an Employee Role String field will appear. Select the appropriate employee role from the drop-down list. This will populate the ‘Reports To Approver’ in the Requestor Information and Approval to Pay section.
* **CSUSB Student** – Select this option if you are paying a student who is currently enrolled at CSUSB or has been enrolled in the past. A Campus Personnel Lookup field will appear. Search for the student’s name by first name, last name, or Coyote ID. Please select the correct student on your first submission, as your choice will be locked. To select a different option, you will need to navigate back to the Direct Pay Form and start over.
* **Other CSU Student** – Select this option if paying a student enrolled at another CSU university, but not at CSUSB.
* **Other CSU Employee** – Select this option if paying an employee (faculty, staff, auxiliary) employed at another CSU university, but not at CSUSB.
* **Not Applicable** – Select this option if none of the above apply. This option is for paying a vendor or supplier who is not associated with any of our CSU universities.

**Vendor Invoice Number (if any):** Please enter the vendor’s invoice number as listed on their invoice. If there is no vendor invoice, please leave this section blank.

**Invoice Date:** Please enter the vendor’s invoice date as listed on their invoice. If there is no vendor invoice, please leave this field blank.

**Disposition of Payment:** How should Accounts Payable handle the processing of your payment?Please select from the drop-down list one of the following options:

* **Standard Mail** – Please select this option if no special handling is required for your payment, including payments made via direct deposit.
* **Standard Mail w/Attached** – Please select this option if you would like the check to be mailed along with supporting documents, such as a remittance slip, registration form, formal letter, etc. The document must be attached to the Direct Pay request for Accounts Payable to include it with the check. Please include a note to Accounts Payable in the “Explain the purpose of this expenditure and the benefit to the university/auxiliary and the educational mission” field with instructions.
* **Overnight Mail (Include Air bill or Account)** – Please select this option if you would like for the check to be mailed overnight mail. Please include the Air bill or the [Request for Overnight Mail Delivery Service form](https://www.csusb.edu/sites/default/files/upload/file/CSUSB%2045.pdf) form. Please complete the form in its entirety, with the exception of the date. Accounts Payable will include the date on the form when the check is mailed out.
* **Overnight Mail w/Attached (Include Air bill or Account)** – Please select this option if you would like for the check to be mailed overnight mail and you would like to include supporting documents, such as a remittance slip, registration form, formal letter, etc. Please include the [Request for Overnight Mail Delivery Service form](https://www.csusb.edu/sites/default/files/upload/file/CSUSB%2045.pdf) already filled out. Please do not include the date on the form. Accounts Payable will include the date on the form when the check is mailed out. The supporting document must be attached to the Direct Pay request for Accounts Payable to include it with the check. Please include a note to Accounts Payable in the “Explain the purpose of this expenditure and the benefit to the university/auxiliary and the educational mission” field with instructions.
* **Hold for Pickup** – This option should be used only in rare cases. In extenuating circumstances, campus departments may arrange with Accounts Payable to pick up specific checks from Student Financial Services, located in University Hall.

**Payee First Name (If Individual):** Please enter the payee’s first name when the payee is an individual.

**Payee Middle Name:** Please enter the payee’s middle initial when the payee is an individual.

**Payee Last Name:** Please enter the payee’s last name when the payee is an individual.

**Payee Coyote ID:** This field will auto-populate based on a selection made earlier if a CSUSB employee or CSUSB student was selected. This field should not be entered in manually.

**Payee Business Name (if a company or vendor):** Please enter the company name or vendor name when the payee is a company and not an individual.

**Payee Phone:** Please enter the full phone number of the payee.

**Payee Street Address:** Please enter the payee's remitting street address, which is typically the address where the payee prefers the payment to be mailed.

**City:** Please enter the city of the payee’s remitting address.

**State:** Please enter the state of the payee’s remitting address.

**Zip/Postal Code:** Please enter the zip code or postal code of the payee’s remitting address.

**International Payee Address/Country/Province/Postal Code:** This freeform field allows you to enter international addresses. Please enter the address as required by the payee, including address, country, province and postal code.

**Payee Email Address:** Please enter the payee email address. The email address may be required in order to communicate with the payee for payment issues.

# Section 2 – Applicable Payment Type and Justification

**Payment Type:** Please select from the dropdown list of approved payment types allowable to be paid using this form. The list will not populate if you do not select a business unit in the Header section of this form. A ‘Description’ field will also display, providing information about the selected payment type. For detailed information please refer to the Direct Pay Matrix here: <https://www.csusb.edu/accounts-payable/procedures/direct-pay>.

**Hospitality Worksheet:** When a hospitality-related payment type is selected, the Hospitality Worksheet field will appear. The Direct Pay form is designed to link to your previously submitted Hospitality Worksheet, enabling automatic data retrieval. Once the appropriate Hospitality Worksheet is selected, a new tab will display all the information from your approved worksheet. If your Hospitality Worksheet has not yet been submitted or approved, you will not be able to submit a Direct Pay until it is approved.

**Explain the purpose of this expenditure and the benefit to the university:** Please enter a detailed description of the purpose of this expenditure and how it benefits the university. If a description is incomplete or needs further clarity, this form may be returned for additional information. You may also add additional supporting documentation in the attachment section above. This section can also be used to provide additional comments for Accounts Payable, such as special handling instructions or any other important information needed to clarify the request.

## Attachments

Please refer to the **'Supported Documentation Required'** section for a list of the necessary documents to accompany your payment request. For instance, an invoice or receipt may be among the required supporting documents.

To attach one or more documents to the worksheet, click the "**Attach File**" icon located on the menu bar.

# Section 3 – Expense Allocations

**+ New Direct Pay Expense Allocation:** Click this icon to create or add a new expense allocation.

**x Delete:** Click this icon to delete an expense allocation record. Please ensure that you select the expense allocation record first before clicking this button to successfully remove the record.

**Account:** Please enter the account number of the chart field string being expensed. This field is 6 digits. For guidance as to what chart field string to use, please contact the budget approver in your department.

**Fund:** Please enter the fund number of the chart field string being expensed. This field is 5 digits. For guidance as to what chart field string to use, please contact the budget approver in your department.

**Dept:** Please enter the department identification of the chart field string being expensed. This field is 5 digits. For guidance as to what chart field string to use, please contact the budget approver in your department.

**Class:** Please enter the class number of the chart field string being expensed. This field is 5 digits. For guidance as to what chart field string to use, please contact the budget approver in your department.

**Project:** Please enter the project number of the chart field string being expensed. This field is 5 digits. For guidance as to what chart field string to use, please contact the budget approver in your department.

**Amount:** Please enter the total amount to be paid based on the expense allocation provided. If you are using multiple expense allocations, ensure you specify the exact amount for each new record.

# Section 4 – Requestor Information and Approval to Pay

**Requestor Full Name:** This field is populated with the name of the individual completing the form.

**Requestor Email Address:** This field is populated with the full email address of the individual completing the form.

**Phone Number:** This field is populated with the extension of the individual completing the form, as determined by a table lookup. This field can be updated if populated with the incorrect phone number.

**Approver Full Name:** Please enter the full name of the approver. If the payee is a CSUSB employee and the ‘Reports To Approver’ field is already populated with the correct approver, simply enter that same name in this field to meet the requirement for an approver. If you would like to add an additional approver to the approval workflow, you can do so here.

**Approver Title:** Please enter the working title of the approver.

**Approver Coyote ID Number:** The Coyote ID is populated based on the ‘Approver Full Name’ entered. This number is required to validate approval in the delegation of authority system.

**Secondary Approver Full Name:** This secondary approval field is optional and may be used by the department if/when required. For example: If the payment request requires review by Sponsored Programs or a Budget Analyst, this field may be used for this purpose. Please enter the name of the approver.

**Secondary Approver Title:** Please enter the working title of the Secondary Approver.

**Secondary Approver Coyote ID Number:** The Coyote ID is populated based on the ‘Approver Full Name’ entered. This number is required to validate approval in the delegation of authority system.

**Reports To Approver Full Name:** This field is populated based on the CSUSB employee role selected in the Payee Information section. This field populates the full name of the approver.

**Reports To Approver Coyote ID Number:** This field is populated based on the CSUSB employee role selected in the Payee Information section. This field populates the Coyote ID number of the individual authorizing this payment. This number is required to validate approval in the delegation of authority system.