

AB#

**THE NAVAJO NATION
REQUEST FOR DIRECT PAYMENT**

Date _____

To: Accounts Payable Section, OFFICE OF THE CONTROLLER
Please issue a Voucher check(s) as described below.

1. _____
Amount Payee Name Mailing Address City State Zip

2. This request is for payment _____

3. Charge account number _____

4. Process this check: Regular Processing Manual Payment by (Time) _____ (Date) _____ Because _____

5. Supporting documents attached: Yes No (if no, explain why) _____

6. Remittance advice(s) or other document(s) marked "To be sent with check" attached Yes No

7. Check should be: Mailed to payee Picked up by payee Picked up by (Name) _____

(Reason) _____

8. Other information or comments _____

Request by (Signed) _____ Name (Printed) _____ Title _____ Tel. _____

Approved by (Signed) _____ Name (Printed) _____ Title _____ Tel. _____

DO NOT WRITE BELOW THIS LINE – FOR USE BY THE FINANCIAL SERVICES DEPARTMENTS ONLY

Funds available approved by _____ Title _____ Date _____

Approved for payment as requested

Approved for payment with following exceptions _____

Disapproved for payment because _____

By _____ Title _____ Date _____