



**THE NAVAJO NATION
OFFICE OF THE CONTROLLER
REQUEST FOR DIRECT PAYMENT FORM**

DATE: _____

Payee/Vendor Name _____ AB# _____

Payee/Vendor Mailing Address _____

DESCRIPTION	BUSINESS UNIT	OBJECT CODE	AMOUNT
TOTAL			

Comments/Requests: _____

REQUESTOR INFORMATION:

Preparer: _____
Signature Printed Name Title

_____ Email Dept. Name Dept. # Phone

Approver: _____
Signature Printed Name Title

_____ Email Dept. Name Dept. # Phone

OFFICE OF THE CONTROLLER USE ONLY
(CONTRACT & GENERAL ACCOUNTING)

_____ Funds Availability Approved (Printed Name) Signature Title Date

Approved

Not Approved due to following reason(s): _____

For External Fund Accounts, please email the RDP documents directly to Contract Accounting using the following email: ContractAcctDocuments@nnooc.org for their review and approval.