The Direct Billing Authorization Form is no longer required to be submitted to Accounts Payable. The form has been removed from this site.
Instructions for Distribution Form

1. Columns to be filled in by department
   - Submitted by
   - Account Number
   - Traveler VN
   - Name

2. Form should be typed or printed.

3. Name should be entered as last name, first name, middle initial. **NO NICKNAMES** are to be used. Must have given name. If individual goes by initials we must have TWO (2) initials and last name.

4. * The Traveler VN is required for University employees in order to comply with the reporting requirements for the State of Georgia.

5. Submitted by line should be signed by individual actually completing the form.