# ADPICS/FAMIS
# CITY/COUNTY OF SAN FRANCISCO
## DIRECT PAYMENT REQUEST FORM

| DEPARTMENT : |
|---|
| DEPARTMENT CONTROL NO. |
| DATE |

**Doc. #** (Doc. Prefix) (Document Number)

**Vendor #** (Vendor Number) (Sfx.)

**To:** _____

**Address:**

_____

_____

_____

**Invoice #** _____

**Invoice Date** (mm/dd/yy)

**Date Received**

**Due Date**

**Multiple Payees** ☐

**Scheduled Payment** ☐

**One-Time Vendor** ☐

| COMMODITY OR SERVICE CODE # | DESCRIPTION: |
|---|---|
| PREPARED BY *(Print)* | APPROVALS (IF REQUIRED, SEE INSTRUCTION) |
| APPROVED BY: | MATERIALS, SUPPLIES, & SERVICES PURCHASER / CHIEF ADMINISTRATIVE OFFICER / CONTROLLER |

| Ln. No. | Trans. Code: Trans. | Trans. Code: Suf. | Amount | | Index Code | Sub-Object | User code | Grant: Grant | Grant: Detail | Project: Project | Project: Detail | General Ledger: GL | General Ledger: Subsid. | Addendum Attached ☐ |
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