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	$ 0.00

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: ooc.ContractAcctDocuments@navajo-nsn.gov for their review and approval.