



GOVERNMENT OF GUAM
DEPARTMENT OF ADMINISTRATION
FINANCIAL MANAGEMENT SYSTEM

REQUEST FOR
DIRECT PAYMENT

URGENT - EXPEDITE PAYMENT KEY & RELEASE - A S A P

DOCUMENT NO.: _____
DATE: _____

PAYEE: (3)	VENDOR NUMBER: (4)
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PURPOSE: (5)

TRAN CODE	ACCOUNT NUMBER	AMOUNT	INVOICE	
			NUMBER / MONTH	DATE
(6)	(7)	(8)	(9)	
TOTAL:		(10)		

CHECK APPROPRIATE BOX BELOW:

<input type="checkbox"/> ACCOUNT NUMBER IS CORRECT	<input type="checkbox"/> JOB ORDER NUMBER IS CORRECT	<input type="checkbox"/> INSUFFICIENT FUNDS
<input type="checkbox"/> PRIOR REFERENCE IS CORRECT	<input type="checkbox"/> VENDOR NUMBER IS CORRECT (11)	
<input type="checkbox"/> OVERRIDE IS AUTHORIZED	<input type="checkbox"/> SUFFICIENT FUNDS	

I CERTIFY (12) THAT GOODS/SERVICES SPECIFIED HAVE BEEN RECEIVED AND THAT PAYMENT IS PROPER AS PER THE ATTACHED DOCUMENTS.

I CERTIFY THAT (13) NO VALID LIABILITY EXIST BY REASON OF WITHHOLDING, OVERPAYMENT OR DEPOSIT AND THAT PAYMENT IS PROPER AS PER THE ATTACHED DOCUMENTS.

(14)	(15)	(1)
PREPARED BY: _____	Signature _____	Date _____
(17)	(18)	(19)
APPROVING OFFICIAL: _____	Signature _____	Date _____
(20)	(21)	(22)
CERTIFICATION OF FUNDS AVAILABLE: _____	Signature _____	Date _____

Direct Payment Instructions

Form ACC-DPA001

General:

A direct payment is any made without a previous encumbrance. All payments against General Ledger Accounts and Revenue Accounts are direct payments. In addition, the following types of payments against Appropriation Accounts (Job Order Numbers) are authorized for direct payments.

1. Long Distance Bills (itemized)
2. Petty Cash Reimbursements
3. Payments of Periodical Subscriptions
4. Mayor's Council payments
5. Local Mileage Reimbursements
6. Stipend Payments
7. Post Office Box Rent and Postage
8. Worker's Compensation
9. Childcare / Jobs / Transp
10. Government Claims
11. Travel Registration / Reimbursements
12. Refunds / other services

Completion of Direct Payment Form:

1 - Type of Direct Payment

The originating department/agency requesting the Direct Payment must select the type of payment request the document represents.

2 - Document Number and Date

The originating department/agency requesting the Direct Payment must enter a control number. The structure of the control number is shown below:

Example: D 07 0600 001

D (Direct Payment)

07 (Fiscal Year)

0600 (Dept or Agency Code & Div)

001 (Control Number)

This Control Number will greatly assist in the tracking of Direct Payments within the Department of Administration. Also, This Code becomes the DOA intake reference number throughout the processing cycle of the Division of Accounts. Enter the date the direct payment is made.

3 - Payee

Enter the payee's name and complete mailing address.

4 - Vendor Number

Enter the Vendor Number assigned to the Payee. (Established by Division of Accounts)

5 - Purpose

Enter the reason for the Direct Payment.

6 - Tran Code

Enter the appropriate Trans Code:

190 - Payments against Job Order Numbers (Appropriations Accounts)

192 - Payments against Revenue Accounts

829 - Payments against General Ledger Accounts.

7 - Job Order No/Account Number

Enter the Account Number to be charged with the payment.

8 - Amount

Enter the amount of each invoice to be paid, line per line.

9 - Invoices

Enter the complete invoice number to be paid, line per line.

10 - Total

Enter the total amount of all invoices being paid on each Direct Payment form.

11 - Check Appropriate Box Below

Please check the boxes listed accordingly.

12 - Goods/Services

Check this box if goods/services have been received and that payment is proper as per the attached documents.

13 - Valid Liability

Check this box if a valid liability exist because of withholding, overpayment or deposit and that payment is proper as per the attached documents.

14 - Prepared By

Type or print person's name preparing Direct Payment.

15 - Signature

Original signature of the person preparing the document is required.

16 - Date

Enter the date the document is prepared.

17 - Approving Official

Enter the name of the person Authorized to approve Direct Payments for the department/agency.

18 - Signature

Original signature of the Approving Official is required.

19 - Date

Enter the date the document is approved.

20 - Certification of Funds Available

Enter the name of the Certifying Officer for the department/agency.

21 - Signature

Original signature of the Certifying Officer is required.

22 - Date

Enter the date the document is certified that funds are available.

Required Attachments:

1. Refunds/Services Rendered

- Field Receipt
- Official Receipt & Depository Report

2. Stipends

- Government of Guam Employee Leave Form (8am to 5pm per 5 GCA §43104)
- Certification (DOA Circular No. 12-90)
- Board Secretary's Testament

3. Local Mileage

- Reimbursement Request
- Monthly Summary of POV Form
- Daily Mileage Report
- DPW (POV) Approval Form (upon initial submission)

4. Petty Cash

- Petty Cash Replenishment Report Summary
- Petty Cash Count Report
- Petty Cash Voucher
- Receipts/Invoices

5. Supporting Documents