



REQUEST FOR DIRECT PAYMENT ("RDP")

RDP- _____

VENDOR NUMBER: _____

VENDOR NAME & PAYMENT ADDRESS:

SELECT ONE FROM EACH (required)	
ATTACHMENT(S)	DISTRIBUTION
Invoice	Mail to Vendor
Letter/Email	Other (Note)
Registration	
Other (Note)	
Note:	

DOCUMENT #	DESCRIPTION	ACCOUNT #	PROJECT #	COST

TOTAL _____

Date	Requestor	1	Date	Staff Accountant or Acctg. Supervisor	3	Date	City Manager	5
							if TOTAL is over \$15,000	
Date	Department Director	2	Date	Finance Director or Designee	4			

NOTES:
