



DIRECT PAYMENT FORM

Please complete and mail to
 Shanaysha Sauls at:
 3008 E. Baltimore Street
 Baltimore, MD 21224

Project/Activity/Program: _____

Bill to Grant: _____

| | |
|--|----|
| | |
| Vendor Name: | |
| Vendor Address: | |
| Vendor Phone # | |
| Contact Person: | |
| Amount: | \$ |
| Description: | |
| Special Instructions (eg. Mail, hold for pick up): | |

Requested By: _____ Date: _____

____ Original invoice or contract attached.

| | |
|---------------------|-------|
| For Office Use Only | |
| Authorized by: | _____ |
| Date Check Issued: | _____ |
| Check #: | _____ |