BC FOUNDATION

Direct Pay Form

ALLOW 5-7 WORKING DAYS FOR PROCESSING **AFTER IT REACHES BC FOUNDATION OFFICE**

Direct Pay #:

FUND NAME:	FUND #:	DATE:	REQUESTED BY:

This section for BC Foundation use only	
ACCOUNT :	ACTIVITY:
PROGRAM:	RESTRICTION:
ICA on File ☐	**ICA exp date:**
Fund Balance	

ISSUE TO: Name _____

Address _____

City, State, Zip _____

IMPORTANT: BC Foundation is NOT RESPONSIBLE for material or services purchased without proper authorization

QUANTITY	UNIT	DESCRIPTION	UNIT PRICE	AMOUNT
Activity / Purpose:			Date of Activity:	

By signing this direct pay, the undersigned affirms that they are not aware of any actual or potential conflict of interest between the payee and Bakersfield College and/or the Bakersfield College Foundation. The undersigned further certifies compliance with all applicable conflict of interest laws, including but not limited to California Government Code §1090. Any violation of this certification may render the purchase order and any related agreement void, and may subject the parties involved to penalties and remedies available under applicable law and institutional policy.

Requester Name: _____ Requester Signature: _____ Date: _____

Approved By:	Program Mgr / Director (if applicable):	Dean / Vice President:
Submitted by name of Department/Program	Name:_____	Name:_____
	Title:_____	Title:_____
_____	Signature:_____Date:_____	Signature :_____Date:_____

BC Foundation Approvals

_____ BC Foundation Accounting Manager, Date

_____ BC Foundation Executive Director, Date