

**TIPS for PRODUCT DESCRIPTION FIELD  
TTUHSC DIRECT PAY FORMS**

**ACCREDITATION, CERTIFICATION AND EXAMINATION FEES**

- *PRODUCT DESCRIPTION FIELD* – i.e., date of accreditation, certification or exam, # of exams, etc.

**ADVERTISING**

- *PRODUCT DESCRIPTION FIELD* - i.e., order #, departmental reference #, or name of employee/physician that is being introduced to the community in the advertisement.

**NOTE:** It is the responsibility of the department to have all personnel classified ads reviewed by Human Resources before going to publication or a recruiting online service.

**DONATIONS TO CHARITABLE ORGANIZATIONS**

- *PRODUCT DESCRIPTION FIELD* – i.e., name and date of event

**NOTE:** If making a donation to an organization in lieu of flowers for employees and their immediate family members in the case of death - please include a letter/memo from the department stating “donation in memory of .....”.

**EMPLOYEE REIMBURSEMENT**

- *PRODUCT DESCRIPTION FIELD* - i.e., vendor name and date of meeting (for registration or membership) , candidate’s name and date of meeting

**FOOD AND ENTERTAINMENT**

- *PRODUCT DESCRIPTION FIELD* - i.e., date and name of event, date of meeting and candidate’s name.

**LODGING-DIRECT BILL FOR NON-EMPLOYEES**

- *PRODUCT DESCRIPTION FIELD* - name of prospective employee/participant, date and origination of trip

**MAGAZINE/JOURNAL SUBSCRIPTIONS**

- *PRODUCT DESCRIPTION FIELD* - date range of subscription and employee’s name.

**NOTE:** The delivery address must be an institutional campus address.

**MEMBERSHIP DUES**

- *PRODUCT DESCRIPTION FIELD* - date range of new or renewal membership and employee’s name.

**NOTE:** The preferred method of payment is the departmental purchasing card. State appropriated funds cannot be used to pay memberships to organizations associated with a lobbyist.

**POSTAGE**

- *PRODUCT DESCRIPTION FIELD* must include the account number at the Post Office, if applicable.

**PROFESSIONAL LICENSE FEES**

- *PRODUCT DESCRIPTION FIELD* - date range of new or renewal license fee and employee’s name.

**NOTE:** The employee’s address must be an institutional campus address.

**REGISTRATION FEES**

- *PRODUCT DESCRIPTION FIELD* - date of conference and name of enrollee.

**NOTE:** The preferred method of payment is the departmental purchasing card.

**SPONSORSHIPS**

- *PRODUCT DESCRIPTION FIELD* - name and date of event.

**UTILITIES**

- *PRODUCT DESCRIPTION FIELD* - account number and date of service (DOS) range

**WATER/SERVICES AND COFFEE/SOFT DRINKS**

- *PRODUCT DESCRIPTION FIELD* – account number and date of service

**NOTE:** Aqua One - invoice number(s) referenced on the statement; Sierra Springs – Customer account number (15 digits)