

Payment Authorization

I authorize the following expenditure:

Amount: _____

Invoice/Order # _____

Pay the Vendor: _____
(mailing Address) _____

Reimburse (name) _____
(mailing address): _____

Charged to: _____
(Account number) _____

*NOTE – ALL requests MUST be accompanied by receipt (copy or original)

Receipt attached

Purchase/item description:

Date Purchased: _____

Which Team/budget line(s) – to be charged against:

Signature – Team chair

Date

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