## **Payment Authorization**

## **Payment Authorization**

I authorize the following expenditure:	I authorize the following expenditure:
Amount:	Amount:
Invoice/Order #	Invoice/Order #
Pay the Vendor: (mailing Address)	Pay the Vendor: (mailing Address)
Reimburse (name) (mailing address):	☐ Reimburse (name) (mailing address):
☐ Charged to:(Account number )	☐ Charged to:  (Account number)
*NOTE – ALL requests MUST be accompanied by receipt (copy or original)	*NOTE – ALL requests MUST be accompanied by receipt (copy or original)
□ <b>Receipt</b> attached	☐ <b>Receipt</b> attached
Purchase/item description:	Purchase/item description:
Date Purchased:	Date Purchased:
Which Team/budget line(s) – to be charged against:	Which Team/budget line(s) – to be charged against:
Signature – Team chair Date	Signature – Team chair Date