



Accounts Payable Payment Authorization Form
 Include any backup documentation available

PAYMENT INFORMATION

Invoice Number: Invoice Date: Invoice Amount:

Supplier Name: Supplier Number:

Remit Address: City: State: Zip:

Business Unit: PO:

Fund	Department	Account	Project	Activity	Year	Reference	Amount
<input type="text" value="60111"/>	<input type="text" value="0147140"/>	<input type="text" value="5520105"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="\$33,398.85"/>

Fund	Department	Account	Project	Activity	Year	Reference	Amount
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

REASON FOR PAYMENT

Department:

Voucher Enterer Name: Voucher Enterer Phone:

AUTHORIZATION FOR PAYMENT:

PRINTED NAME: TITLE: PHONE:

Diana Braly

 SIGNATURE

10/07/2022

 DATE SIGNED