



AUTHORIZATION FOR PURCHASE
Goods and Services
Form#: PA01

Check all that apply

- Pre-Payment (up to \$500)
- eVA Exempt for: Springhill Suites, Aramark, Enterprise, CI Travel, and Government-to-Government Transactions

Vendor Name: _____ Tracking #: _____
 Address: _____
 City: _____ State: _____ Zip: _____

Vendor Tax Identification #/ Banner Vendor #: _____ *Check if new Banner vendor and W-9 is attached*
 Vendor Invoice #: _____ Invoice Date: _____

DESCRIPTION	QTY	UNIT PRICE	EXTENDED PRICE
		\$	\$
TOTAL			\$

Payment shall be due thirty (30) days after receipt of proper invoice or material/service, whichever is later.	BUDGET	SUB ACCOUNT	AMOUNT

Department Contact Person: _____
 Date of Goods/Services Received: _____ *Prepayment*

The undersigned shall be authorized to approve expenditure documents per the "signature authority list" and hereby certifies that the vendor's invoice and authorization for payment are in agreement with the goods or service received, and that the identified purchases are necessary to meet the mission of the University. The goods or services listed were received on the date indicated above in good condition.

 Budget Unit Director Signature

 Printed Name

 President or respective VP Signature
 (Required for Membership Dues)

 Title

 Date

 Title