

**PAYMENT AUTHORIZATION
AUSTIN PEAY STATE UNIVERSITY**

Department:		Departmental payment authorization number:				
	Enter Department Name Here					
	* Department head (Signature)		Special Instructions for handling and/or mailing			
	Department head (Typed or Printed)	Date				
<p>* By signing, I certify that all APSU policies for procurement have been followed, that all goods and/or services, and any applicable pricing, terms and conditions concerning the attached invoice/document are correct and have been received and are in an acceptable condition</p>						
Vendor/Payee	Description	Fund	Org	Account	Program	Amount Approved for Payment
Vendor Name						
ID# FEIN or SS#						
Address:						
Street Line 1						
Street Line 2						
Street Line 3						
City						
State or Province						
Zip						
Nation (if not U.S.)						

Balance from last authorization/requisition	\$	
Adjustment	\$	
Total available	\$	
This authorization	\$	
Balance carried forward	\$	