

**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	\$	