

DISBURSEMENT AUTHORIZATION



TO: Accounts Payable DATE: _____
 West Campus K207

REQUESTER NAME: _____

DEPARTMENT: _____

Send one (1) copy to Accounts Payable with supporting documentation.

Per State Accounting Office Policy, a Purchase Order is required for all purchases or obligations to purchase goods and services greater than \$2,500, with very limited exceptions.

If this is a Stipend, please check here:

Business Purpose (Clear Description of Payment Request):

PAYABLE TO: _____

SUPPLIER ADDRESS/PHONE: _____

SUPPLIER ID (if known): _____

PURCHASE ORDER NUMBER: _____

Payment Information				Account Information						Payment
Invoice Number	Invoice Date	Invoice Amount	Department Name	Account Number	Fund	Dept. #	Program	Class	Project	Amount
Special Instructions:									TOTAL	\$0.00

As the initial approver, I hereby certify that the above items have been received or the services performed as stated and that the funds are available from the budgeted account(s) indicated above. I also certify that these expenses are in compliance with established policies and procedures of Albany State University and that they have not been (nor will not be) reimbursed in duplicate.

Initial Approver: _____ Date: _____ (Required)

As approver, I hereby certify that I approve the payment of the above transactions and to my knowledge the funds are available to cover the expenses.

Approved By: _____ Date: _____ (Required)

Approved By: _____ Date: _____ (Optional)

Business Office Use Only

Processed By: _____
 _____ Accounts Payable _____ Other

Audit Check
 _____ Approvals _____ Original Invoice
 _____ Accounts Correct
 _____ Quantities/Prices Correct
 _____ Check Copy/ACH Correct

Checked by: _____

Comments: _____