## **DISBURSEMENT AUTHORIZATION**

Approvals Original Invoice	DISBUF	RSEME	NT AUT	THORIZA	ATION	1			1	Thany S	State	
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PAYABLE TO:  SUPPLIER ID (if known):  Payment Information Payment	Per State Accounting Of	fice Policy, a Purch	ase Order is required fo	r all purchases or obligati	ions to purchase s	goods and service	es greater than \$	2,500, with very	limited exception	<u>15.</u>		
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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  Addit Check Approvals Original Invoice  Accounts Correct Quantities/Prices Correct  Quantities/Prices Correct  Check Copy/ACH Correct  Checked by:	Invoice Number			Department Name		Fund	Dept.#	Program	Class	Project		
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