

INVOICE PAYMENT AUTHORIZATION FORM

- To be used **ONLY** when attached to a numbered invoice.
- Do **NOT** attach more than one invoice to this form. If the invoice does **NOT** have a number use the Payment/Reimbursement Form.

PS Account (6)	Fund (3)	Dept ID (7)	Project/Grant (6)	Amount (insert a decimal)
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Description: (max. 30 characters) Appears on financial reports, not on check stub

PS Account (6)	Fund (3)	Dept ID (7)	Project/Grant (6)	Amount (insert a decimal)
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Description: (max. 30 characters) Appears on financial reports, not on check stub

Grand Total

Prepared By:

Signature: _____ **Phone:** _____ **Date:** ___/___/___

Authorized By:

Signature: _____ **Phone:** _____ **Date:** ___/___/___