



Vendor Number _____

Notice

City/State/Zip _____

General Ledger Account Number(s)	Invoice # or Description of Services	Amount to be Paid
	Total Check Amount	

I hereby certify that the above items have been received or the services performed as stated and that the **funds are available** from the budget account(s) indicated above. I also certify that these expenditures are in compliance with established policies and procedures of Troy University and that they have not nor will be reimbursed in duplicate.

Requestor _____ Department _____

Purchasing Authority Signatures: (sign and date)

Level 1

Level 2

Level 3

Level 4

Senior Vice Chancellor

Chancellor

Authority Level Signatures

Level 1 \$1,500 or less:	Department Chair, Program Coordinators
Level 2 \$1,501 - \$3,000:	Above in addition to Associate Deans or Campus Directors
Level 3 \$3,001 - \$5,000	Above in addition to Academic and Student Services Deans, Associate Vice Chancellors, University-wide Directors, Controller
Level 4 \$5,001 - \$20,000:	Above in addition to Senior Vice Chancellor, Vice Chancellors (for cost centers under their control)
Level 5 \$20,001 - \$30,000	Above in addition to Senior Vice Chancellors, Athletic Director
Level 6 \$30,001 +	Above in addition to the Chancellor

Accounts Payable Review and Approval _____ Date _____