AUTHORIZATION TO PAY (NON-SALARY)

DATE:

COMPANY NAME:

INVOICE #: AMOUNT:

PURPOSE/COMMENTS:

(PRINT NAME) AUTHORIZATION (signature)

*CHARGE TO:*

CFC (COST FUND CENTRE):

 FUND NUMBER:

 COST CENTRE:

INTERNAL ORDER NO.(I/O):

 G/L ACCOUNT NO.:

For office use only:

Type: Taxes info.

Date Received: Terms:

Allocation: Processed by:

DOC. #: Date Processed: