

**INVOICE PAYMENT AUTHORIZATION**

VENDOR IDENTIFICATION: \_\_\_\_\_ P.O. #: \_\_\_\_\_

INVOICE DATE: \_\_\_\_\_ INVOICE #: \_\_\_\_\_

AUTHORIZED FOR PAYMENT: \_\_\_\_\_  
PRINCIPAL/DIRECTOR DATE

AMOUNT AUTHORIZED: \$ \_\_\_\_\_

EXPENSE CODING FOR AUTHORIZED AMOUNT:

_____	\$	_____
_____	\$	_____
_____	\$	_____
_____	\$	_____
_____	\$	_____
_____	\$	_____

TOTAL: \$ \_\_\_\_\_

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_____	\$	_____
_____	\$	_____
_____	\$	_____
_____	\$	_____
_____	\$	_____
_____	\$	_____

TOTAL: \$ \_\_\_\_\_