

STATE OF CONNECTICUT BOARD OF GOVERNORS OF HIGHER EDUCATION VENDOR PAYMENT AUTHORIZATION FORM

ENCLOSURE
CODE

REV. 08 / 2017

DOCUMENT DATE:	RECEIPT DATE:	BANNER / HUSKYBUY P.O. # (REQUIRED)	DOCUMENT AMOUNT
VENDOR / PAYEE NAME:			
ADDRESS:			
CITY:	US STATE OR FOREIGN COUNTRY (TYPE IN BOX):	<input type="checkbox"/> US ZIP	<input type="checkbox"/> FOREIGN POSTAL CODE
VENDOR BILLING INFO. (EG. VENDOR INVOICE NUMBER; CLIENT NAME; DATE ETC.)			
FULL DESCRIPTION OF GOODS & SERVICES COMPLETED:			
SPECIAL PAYMENT / CHECK HANDLING INSTRUCTIONS			
ENCLOSURE CODE:		CHECK DUE DATE: _____	
<input type="checkbox"/> (D) ENCLOSED ATTACHED DOCUMENT WITH CHECK:		<input type="checkbox"/> YES <input type="checkbox"/> NO	CONTACT PERSON: _____
<input type="checkbox"/> (G) CHECK TO BE PICKED UP AT BURSAR'S OFFICE:		<input type="checkbox"/> YES <input type="checkbox"/> NO	CONTACT PHONE: _____
JUSTIFICATION FOR PICKUP:			
ACCOUNTS PAYABLE SIGNOFF			
DEPARTMENT:	MAIL CODE:		
PREPARED BY:	PHONE:		
AUTHORIZED SIGNATURE / APPROVAL			