



STUDENT ACTIVITY PAYMENT AUTHORIZATION

Vendor Name _____

Mailing Address _____

Phone # _____ FAX # _____ Web/E-mail _____

Line #	Reason for Entry	Total
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
TOTAL REQUESTED		

Account Code

LINES	FUND	FUNCTION	OBJECT	SUBOBJ	ORG	FY	PROG	PERCENT	AMOUNT

Requested By: _____ Date: _____

Officer: _____ Date: _____

Approved for Payment: _____ Date: _____



STUDENT ACTIVITY PAYMENT AUTHORIZATION

PA # _____ Entered by _____
_____ Date _____