UCONN HEALTH

STATE OF CONNECTICUT
BOARD OF GOVERNORS OF HIGHER EDUCATION

VENDOR PAYMENT AUTHORIZATION FORM

ENCLOSURE CODE

REV. 08 / 2022

DOCUMENT DATE:	RECEIPT DATE:	BANNER / HUSKYBUY P.O. # (REQUIRED)	DOCUMENT AMOUNT

VENDOR / PAYEE NAME:

ADDRESS:

CITY:	US STATE OR FOREIGN COUNTRY (TYPE IN BOX):	☐ US ZIP ☐ FOREIGN POSTAL CODE

VENDOR BILLING INFO. (EG. VENDOR INVOICE NUMBER; CLIENT NAME; DATE ETC.)

FULL DESCIPTION OF GOODS & SERVICES COMPLETED:

SPECIAL PAYMENT / CHECK HANDLING INSTRUCTIONS

ENCLOSURE CODE: **CHECK DUE DATE:** _____

☐ (D) ENCLOSED ATTACHED DOCUMENT WITH CHECK: ☐ **YES** ☐ **NO** CONTACT PERSON: _____

☐ (G) CHECK TO BE PICKED UP AT BURSAR'S OFFICE: ☐ **YES** ☐ **NO** CONTACT PHONE: _____

JUSTIFICATION FOR PICKUP:

_____

_____

_____

ACCOUNTS PAYABLE SIGNOFF

DEPARTMENT:	MAIL CODE:
PREPARED BY:	PHONE:
AUTHORIZED SIGNATURE / APPROVAL	

Print RESET