

Payment Authorization Form

By signing this form, you confirm the goods or services described below have been satisfactorily received and you authorize the IO Department to make payment through MGIC on behalf of your department. You further confirm the expense will be covered by your department's source of funds indicated below and will be promptly processed through UMB upon notification from IO of payment due. This is permission for a single transaction only and does not provide any additional unrelated debit or credit to your account.

Vendor's Name			
Vendor's Invoice Number if Apply			
Source of Fund	SOAPF / Project Code _____		
	Is this funded by UMB Foundation?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Purpose of Payment			
Amount			
Currency			
<i>Comments: (optional)</i>			
Payment Authorized By:			
Name:		Title:	
Signature:		Date:	