

# ORDER COMPLETION/PAYMENT AUTHORIZATION

State University of New York at New Paltz

Date \_\_\_\_\_

*Forward top copy to the Accounts Payable Office.*

*Retain second copy for department files.*

To: Accounts Payable/HAB 304

Purchase Order # \_\_\_\_\_

From: \_\_\_\_\_

Vendor \_\_\_\_\_

ITEM NO.	DESCRIPTION OF MATERIAL/SERVICE	QUANTITY	UNIT

COMMENTS: \_\_\_\_\_  
\_\_\_\_\_

*Your response MUST be received in Accounts Payable within five days of receipt of above goods/services, since this information is necessary to comply with the PROMPT PAYMENT LEGISLATION.*

*Your signature indicates SATISFACTORY delivery of goods/services and authorizes us to make payment.*

*Goods received/Services rendered on (Date)* \_\_\_\_\_

*(Signature)* \_\_\_\_\_

*Print (Name)* \_\_\_\_\_