



**ORDER COMPLETION
PAYMENT AUTHORIZATION**

Name _____ Date _____

Department _____ Account(s) # _____

Vendor's Name _____ Req.#/PO# _____

ITEM DESCRIPTION	QUANTITY	UNIT PRICE	TOTAL

If a packing slip accompanied your order, please attach a copy of it for further documentation.

Please submit this form to Accounts Payable **within 5 business days** of receipt of above goods/services, as this information is necessary to comply with NYS PROMPT PAYMENT LEGISLATION.

Your signature below indicates SATISFACTORY deliver of goods/services and authorizes us to make payment.

Goods received/services rendered on _____
Date

Authorized Signature _____

Print Name _____