



**New Paltz**  
STATE UNIVERSITY OF NEW YORK

Office of Accounts Payable, Haggerty 304

**ORDER COMPLETION  
PAYMENT AUTHORIZATION**

Name \_\_\_\_\_ Date \_\_\_\_\_

Department \_\_\_\_\_ Account(s) # \_\_\_\_\_

Vendor's Name \_\_\_\_\_ Req.#/PO# \_\_\_\_\_

| ITEM DESCRIPTION | QUANTITY | UNIT PRICE | TOTAL |
|------------------|----------|------------|-------|
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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 \_\_\_\_\_

**PLEASE RETURN FORM TO ACCOUNTS PAYABLE, HAGGERTY 304.**