

**HERNANDO COUNTY SCHOOLS
PAYMENT AUTHORIZATION FORM
(PURCHASE ORDER NOT REQUIRED)**

DATE _____

Vendor Number: _____	Cost Center
NAME:	ATTN: _____
ADDRESS:	
CITY STATE ZIP CODE	CITY STATE ZIP CODE
PHONE WITH AREA CODE	PHONE WITH AREA CODE

THIS FORM IS **ONLY** TO BE USED TO: REIMBURSE INTERNAL ACCOUNTS, POSTAGE, REGISTRATIONS, MEMBERSHIPS, SUBSCRIPTIONS, SEMINARS/WORKSHOPS, OTHER GOVERNMENTAL AGENCY'S AND OTHER SCHOOL BOARDS
INCLUDE A COPY OF THE TEMPORARY DUTY LEAVE FORM (TDL) WITH ALL OUT OF COUNTY REGISTRATIONS

CHECK THIS BOX ONLY IF THIS IS AN EXCEPTION WHERE THE MERCHANT **DOES NOT** ACCEPT A VISA® PURCHASING CARD AND THE TOTAL COST OF THE ORDER DOES NOT EXCEED **\$150.00**

REMEMBER - LINE ITEM DETAIL FOR THIS SMALL DOLLAR EXPENDITURE WILL NOT BE DISPLAYED IN TERMS

Submit original to FINANCE. Retain copies for originator's file.

QUANTITY	UNIT	FULL DESCRIPTION	UNIT COST	TOTAL
TOTAL REQUEST				

1. SEND COMPLETED ORIGINAL OF THIS FORM ALONG WITH (2) ORDER FORMS, MEMBERSHIP REQUESTS OR REGISTRATION APPLICATIONS TO FINANCE (if you want Finance to mail the check)
2. ORDER INITIATOR NEEDS TO CONFIRM BUDGET DOLLARS AVAILABLE PRIOR TO REQUESTING.
3. ORDER INITIATOR NEEDS TO CONFIRM RECEIPT OF SERVICES OR DELIVERY OF GOODS.
4. SEND ALL PRE-PAID RECEIPTS (attached to the prepay reminder) TO THE FINANCE DEPARTMENT.

ORDER INITIATOR SIGNATURE: _____ PHONE NO: _____

AUTHORIZATION FOR PAYMENT BY
PRINCIPAL/SUPERVISOR SIGNATURE: _____

AUTHORIZATION FOR PAYMENT REQUIRED
GRANT/PROGRAM MANAGER SIGNATURE _____

FUND	FUNCTION	OBJECT	COST CENTER	PROJECT	SUBPROJECT	PROGRAM	TOTAL AMOUNT