

ACCOUNTS PAYABLE AUTHORIZATION

Batch # _____	Index # _____
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Vendor # _____ Vendor Name _____

Invoice #: In- _____ P.O. # _____ Req. # _____

Description: _____ Invoice Total \$ _____

Invoice Date _____

Detail

Tran Code	Amount	Account Number
101 _____	_____	_____
101 _____	_____	_____
101 _____	_____	_____
101 _____	_____	_____

Authorization Signature _____ Date _____