

PAYMENT AUTHORIZATION FORM

TO: Finance Representative

FROM: Department/Division Head

SUBJECT: Statement Verification for Period of _____.

I have reviewed the Visa statements for the Cardholders in the _____ Department and agree that all charges are appropriate and correct and authorize payment of \$ _____.

I have reviewed the Visa statements for the Cardholders in the _____ Department and find all charges are appropriate and correct with the exception of those listed on the attached Charge Dispute Form. I authorize payment of \$ _____.

Department/Division Head

Date

NOTE: This form is to be completed and returned to the Department/Division Representative including all attachments within two (2) working days of receipt.