

**Youngstown State University
Materials Management Department Form
Invoice Payment Authorization for Goods/Services on Regular Purchase Orders**

Fax from: Central Receiving

Fax date: _____

PO # P07 _____

Invoice Amt. \$ _____

Vendor _____

____ Partial billing - item #(s) _____

____ Billed in full

Fax to Financial Manager: _____ Fax #: _____

Complete the information below and fax to Central Receiving at X 3167 within 2 working days.

____ Invoice payment is authorized Date goods/services were received _____
(Required)

____ Invoice payment **not** authorized because _____

Other comments: _____

If you have any questions, please call Dorothy at ext. 3202 or Tom at ext.1953.

Financial Manager Signature

Phone Ext.

Date

05/01/07