

Payment Authorization Form

By signing this form, you confirm the goods or services described below have been satisfactorily received and you authorize the IO Department to make payment through MGIC on behalf of your department. You further confirm the expense will be covered by your department's source of funds indicated below and will be promptly processed through UMB upon notification from IO of payment due. This is permission for a single transaction only and does not provide any additional unrelated debit or credit to your account.

| | | | |
|---|--|---------------|--|
| Vendor's Name | | | |
| Vendor's Invoice Number if Apply | | | |
| Source of Fund | SOAPF / Project Code _____ | | |
| | Is this funded by UMB Foundation? Yes / No | | |
| Purpose of Payment | | | |
| Amount | | | |
| Currency | | | |
| <i>Comments: (optional)</i> | | | |
| Payment Authorized By: | | | |
| Name: | | Title: | |
| Signature: | | Date: | |