# SAM HOUSTON STATE UNIVERSITY
# DEPARTMENTAL PAYMENT APPROVAL FORM

Complete and return to Accounts Payable within 48 hours of receipt of product/service.
Failure to comply could result in liability payments by the University which will be charged back to your FOAP.

Purchase Order No.: _____

Vendor Name: _____

| Fund | Org | Account | Program | Amount |
|---|---|---|---|---|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | Total: | 0.00 |

Date Product/Service Received: _____

Was Order: Complete: _____

Partial: _____ (indicate dollar amount approved)

If partial shipment was received, is the balance of the order to be:

Cancelled _____ or on Back Order _____

List items on back order or to be cancelled:
(Packing slip may be attached instead of listing b/o items)

_____

_____

_____

_____

_____

_____

All items except those shown above have been received in good order.

I approve for payment this date _____

By _____ (Department Head)

Any merchandise received that is not in good order should be noted above and the Procurement Department should be notified at once. Any invoice, tickets, or statements received should be sent with approval form.

You may submit via e-mail to ACCTSPAY@SHSU.EDU ; fax 936-294-3796; or campus mail BOX 2185.

PA (rev. 05/11/11)