

**SAM HOUSTON STATE UNIVERSITY
DEPARTMENTAL PAYMENT APPROVAL FORM**

PLEASE COMPLETE AND RETURN TO ACCOUNTS PAYABLE WITHIN 48 HOURS OF RECEIPT OF MERCHANDISE. FAILURE TO COMPLY COULD RESULT IN LIABILITY PAYMENTS BY THE UNIVERSITY.

Purchase Requisition No.: _____ Account No.: _____

Vendor Name: _____

Date Merchandise Received: _____

Was Order: Complete _____

Partial _____

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

Canceled _____ Back Order _____

Please list items on back order or to be canceled:

(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 Purchasing Department should be notified at once. Any invoice, tickets, or statements received should be sent with approval form.