



Sam Houston State University

A Member of The Texas State University System
Department of Computer Services
PO Box 2449
Huntsville, TX 77341

Date _____
Computer Services Work Order #: _____
Description of purchase: _____

Payment Authorization Information

Total Amount of Order \$ _____ (Detailed Quote is Attached)

Department Name _____

Department Account Number _____

Printed Name of Signature Authority _____

Authorized Signature _____

**Please verify that person signing has signature on file with the Purchasing department equal to total amount of purchase.

Based on dollar amount or account type: get additional signatures where needed.

Contracts & Grants Director _____ Date _____

Dean _____ Date _____

Vice President _____ Date _____

President _____ Date _____

Inventory Information

Physical Inventory Department Name: _____

Employee: _____

Building/Room #: _____

Fax completed form to 936.294.1231

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