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Request for Check Authorization

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Request for Check Authorization

Abstract

Request for Check Authorization

Keywords

Request for Check Authorization, Form



KEAN

Request for
Check Authorization

Office of Financial Services

GENERAL ACCOUNTING USE ONLY

Voucher No.: _____

Voucher Date: _____

AP Type: _____

Vendor Name and Address	Payee Declaration
Kean ID No.: _____ Payee Name _____ Address _____ _____ City: _____ State: _____ Zip _____	I CERTIFY THAT THIS REQUEST IS CORRECT IN ALL ITS PARTICULARS. THE DESCRIBED GOODS OR SERVICES HAVE BEEN FURNISHED OR RECEIVED BY KEAN UNIVERSITY. _____ Payee Signature _____ Date

GENERAL ACCOUNTING USE ONLY

Invoice Number: _____ Invoice Date: _____ Due Date: _____

Item No.	Description of goods/services (Attach Invoice/Documentation)	Amount	Fund – Cost Center – Object (GL – ACCOUNT)
Total: \$			

Total Dollar Amount (in words)

Receiving Certification – I certify that the above described articles have been received or services rendered herein. See attached signed receipt _____ Signature – _____ Date	PAYMENT AUDITED, ALLOWED AND WARRANTED _____ Signature – General Accounting _____ Date
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