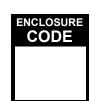


## STATE OF CONNECTICUT BOARD OF GOVERNORS OF HIGHER EDUCATION VENDOR PAYMENT AUTHORIZATION FORM



REV. 08 / 2017

DOCUMENT DATE:	RECEIPT DATE:		BANNER / HUSKYBUY P.O. # (REQUIRED)			DOCUMENT AMOUNT	
VENDOR / PAYEE NAME:					•		
ADDRESS:							
СІТҮ:		US STATE OR FOREIGN COUNTRY (TYPE IN BOX):		US ZIP	FOREIGN POSTAL CODE		
VENDOR BILLING INFO. (EG. VENDO	R INVOICE NUMBER: C	LIENT NAME	E: DATE E	TC.)			
	KIIIOO SENGIII SEN, S		, , , , , , , , , , , , , , , , , , , ,	-1-0-1/			
EILL DESCIPTION OF COORS & SERVICES COM	DI ETED.						
FULL DESCIPTION OF GOODS & SERVICES COMPLETED:							
SPECIAL PAYMENT / CHECK HANDLI	NG INSTRUCTIONS						
ENCLOSURE CODE:		CHECK DUE DATE:					
□( <b>D</b> ) ENCLOSED ATTACHED DOC	CUMENT WITH CHECK:	☐ YES	□ NO	CONTACT PERSON:			
☐( <b>G</b> ) CHECK TO BE PICKED UP A	T BURSAR'S OFFICE:	☐ YES	□ NO	CONTACT PHONE:			
JUSTIFICATION FOR PICKUP:							
					A 000 UNIT	O DAVA DI E CIONOSE	
DEPARTMENT:			MAIL CODE:		ACCOUNT	S PAYABLE SIGNOFF	
PREPARED BY:			PHONE:				
AUTHORIZED SIGNATURE / APPROVAL							