

INSTRUCTIONS: Give two copies to Contractor. Contractor must sign and return one copy. Complete all sections of Part I. Send original to *apinvoice@memphis.edu*.

This authorization may be used in lieu of a written contract if, and only if, the total compensation to the individual or contractor is less than \$5,000.00. Payments to the same individual or contractor for \$5,000.00 or more during a calendar year (whether fragmented or paid in a lump sum) require an obligated contract established through the Procurement and Contract Services. This form is sent to the Accounting Office any time a payment is requested to be made to an individual regardless of the amount. A form must be completed for each individual to be paid. The form is prepared by the requesting department and is used to secure approval of the authorization and to process the payment. Payments cannot be made to any University or State employee (which includes full or part-time faculty, staff) under this procedure.

I. GENERAL INFORMATION

New suppliers need to self-register online.

Name of Payee:

Oracle Supplier Number:

Total Amount \$ COA String

Purchase Order *Section II below must be completed.*

Are services being performed? Yes No *(If "Yes," complete Section A. If "No," complete Section B.)*

SECTION A : Describe the services being performed

Date Rendered	Units of Service (Hours/Days)	Brief Description of Services Provided (Be Specific)
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1. Department Head/Higher Authority

This is to certify that the payee identified above was authorized to perform services in accordance with U of M Operating Procedure Number 2D:03:07B and services were rendered in accordance with a contract dated _____ or the Section II, "Authorization to Contractor" and payment for services should now be made.

Dept Head/Higher Authority Signature Date Department Name:

2. *(Complete only if check is requested in advance of services.)*

I hereby request the check to be prepared in advance to give to the contractor upon completion of services. I certify that the check will not be released until services have been completed in accordance with the above-identified contract of Section II on the reverse hereof. (Attach statement explaining the reason the check is needed in advance.)

Dept Head/Higher Authority Signature Date

SECTION B : Describe the purpose of the payment

This is to certify that the payee identified above was authorized to receive payment.

Dept Head/Higher Authority Signature Date Department Name:

