FOOTHILL-DE ANZA
Community College District

DISTRICT ACCOUNTS PAYABLE OFFICE

For Accounting Use Only
BANNER ID:
BANNER INV:

PAYMENT AUTHORIZATION

(formerly named Invoice for Services Rendered—ISR)

This **Payment Authorization** form is used in conjunction with any service agreement to authorize payment without a PO.
A vendor invoice is preferred, but if an invoice cannot be obtained, this form may be used as a substitute* with vendor signature.

For Location: ◉ Foothill College ○ De Anza College ○ District Office ○ Foundation

INVOICE No.: _____ **Date:** _____

Required:

INDEX (6 digits)	**FUND** (6 digits)	**ORG** (6 digits)	**ACCT** (4 digits)	**PROG** (6 digits)	**AMOUNT**
				TOTAL PAYMENT:	**$0.00**

PAY TO:

Name / Contractor _____

Street Address 1 _____

Street Address 2 _____

City _____ State _____ ZIP Code _____

Phone Number _____ Last 4 of Social or Tax ID Number _____

FOR SERVICES RENDERED (Description of Services): _____

_____

_____

DATE OF SERVICES RENDERED: _____

SIGNATURES:

Department Approval: _____ _____ _____
First & Last Name (Please Print) Date Signature (Required)

Vice President, Finance/
Admin Services Approval: _____ _____ _____
(Required for payments >$5,000) First & Last Name (Please Print) Date Signature (Required)

~ Items that may be independently applicable for payment ~

Is the vendor providing services a STRS/PERS retiree? Yes ☐ No ☐ If Yes, check one: STRS ☐ PERS ☐

Reference No. _____

Vendor Providing Services*: _____ _____ _____
First & Last Name (Please Print) Date Signature

***Vendor signature is required only if this form is used as a substitute for vendor invoice.**

ONCE COMPLETED FORM AND SUPPORTING DOCUMENTATION ARE RECEIVED, PAYMENT WILL BE PROCESSED IN TWO WEEKS.

Please refer to Delegations of Purchasing and Contracting Authority at http://purchasing.fhda.edu/procedures-policies-and-laws