

SAM HOUSTON STATE UNIVERSITY  
DEPARTMENTAL PAYMENT APPROVAL FORM

Complete and return to Accounts Payable within 48 hours of receipt of product/service.  
Failure to comply could result in liability payments by the University which will be charged back to your FOAP.

Purchase Order No.: \_\_\_\_\_

Vendor Name: \_\_\_\_\_

Fund	Org	Account	Program	Amount
Total:				

Date Product/Service Received: \_\_\_\_\_

Complete Order: \_\_\_\_\_

Partial Order: \_\_\_\_\_ (indicate dollar amount approved)

Special Instructions See Attachment(s) \_\_\_\_\_

If partial shipment was received, is the balance of the order to be:

Cancelled \_\_\_\_\_ or on Back Order \_\_\_\_\_

List items on back order or to be cancelled:

(Packing slip may be attached instead of listing b/o items)

All items except those shown above have been received in good order.

I approve for payment this date: \_\_\_\_\_

By \_\_\_\_\_ (Department Head)

Grant Funded Purchase Orders (Fund 22-29) must be approved (signed below by Contracts & Grants (O.R.A.)  
note: same as a Grant Funded Direct Pays

I, Contracts & Grants (O.R.A.) approve for payment this date: \_\_\_\_\_

By \_\_\_\_\_ O.R.A. Approver

Any merchandise received that is not in good order should be noted above and the Procurement Department should be notified at once. Any invoice, tickets, or statements received should be sent with approval form.

You may submit via e-mail to ACCTSPAY@SHSU.EDU ; fax 936-294-3796; or campus mail  
BOX 2185.