Louisiana State University Office of Accounting Services Accounts Payable & Travel 217 Thomas Boyd Hall

PAYPAL/THIRD PARTY PROCESSOR TRANSACTION DOCUMENTATION & APPROVAL

AS150

Request Date		_		
Department				
Contact				
Phone	Fax		E-mail	
	Purcha	aser Informatio	n	
Name				
Address				
City		State		Zip
	Venc	or Information		
Vendor Name				
Address				
City		State		Zip

* A copy of the PayPal Transaction Detail must be attached.

I certify that the item(s) listed above is a legitimate University purchase.

Approval	Signature	Title	Date
Employee			
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