

PAYPAL/THIRD PARTY PROCESSOR TRANSACTION DOCUMENTATION & APPROVAL

AS150

Request Date _____

Department		
Contact		
Phone	Fax	E-mail

Purchaser Information		
Name		
Address		
City	State	Zip

Vendor 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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