

# Payment Authorization

To be Used for Nonpurchase Order Items  
(Ex.: Subscriptions, memberships, etc.)

Voucher # \_\_\_\_\_  
(For Office Use Only)

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

Date: \_\_\_\_\_

Remit Vendor Address: \_\_\_\_\_

**Attachments Required**

Vendor Location: \_\_\_\_\_

| Description | Amount |                        |               |                         |                        |  |
|-------------|--------|------------------------|---------------|-------------------------|------------------------|--|
|             |        | Account-4              | Fund-3        | Org.-5                  | Program (Authorizer)-2 |  |
|             |        |                        |               |                         |                        |  |
|             |        | Sub-Class (location)-2 | BY (Bud YR)-4 | Project-5 or Contract-8 |                        |  |
|             |        |                        |               |                         |                        |  |
|             |        | Account-4              | Fund-3        | Org.-5                  | Program (Authorizer)-2 |  |
|             |        |                        |               |                         |                        |  |
|             |        | Sub-Class (location)-2 | BY (Bud YR)-4 | Project-5 or Contract-8 |                        |  |
|             |        |                        |               |                         |                        |  |
|             |        | Account-4              | Fund-3        | Org.-5                  | Program (Authorizer)-2 |  |
|             |        |                        |               |                         |                        |  |
|             |        | Sub-Class (location)-2 | BY (Bud YR)-4 | Project-5 or Contract-8 |                        |  |
|             |        |                        |               |                         |                        |  |
|             |        | Account-4              | Fund-3        | Org.-5                  | Program (Authorizer)-2 |  |
|             |        |                        |               |                         |                        |  |
|             |        | Sub-Class (location)-2 | BY (Bud YR)-4 | Project-5 or Contract-8 |                        |  |
|             |        |                        |               |                         |                        |  |

Requestor: \_\_\_\_\_ Date: \_\_\_\_\_ Comments/Instructions: \_\_\_\_\_

Approval: \_\_\_\_\_ Date: \_\_\_\_\_

Submit to NTC Finance: Accounts Payable (mailstop C152, ap@ntc.edu) with invoice/receipts.