

INFORMATION TECHNOLOGY

Optical Mark Reading Services

Request Payment Authorization

Method of Payment (check one box)

Personal Check	<input type="checkbox"/>
Money Order	<input type="checkbox"/>
Service Unit Billing	<input type="checkbox"/>
Invoice	<input type="checkbox"/>

Name: _____

Date: _____

For Service Unit Billing, provide the following information:

FAS Account No. _____ Object Code _____ Project No. _____

Amount approved to be billed for: _____

In order to receive goods/services listed in this contract/application, I certify that the FAS account indicated above is correct and is authorized to be used for the duration of the project/activity.

SUB Prior Approval Signature: _____

Department _____

Bookkeeper's Name _____

Bookkeeper's Box No. _____

For Invoice Billing, provide the following information:

Bookkeeper's Name _____

Phone Number _____

Address _____

City _____ State _____ Zip Code _____

OMR Services Use Only

ITD Initials and Date _____

Receipt # _____

Job # _____