

PLYMOUTH STATE UNIVERSITY
Of the University System of New Hampshire

**PAYMENT AUTHORIZATION INFORMATION
FOR HONORARIA**

This authorization form may only be used for payments up to \$200

REQUESTED BY _____
Print name and title Signature Date

VENDOR CODE _____

AMOUNT OF PAYMENT \$ _____

RECIPIENT'S NAME _____

RECIPIENT'S ADDRESS _____

PURPOSE OF PAYMENT _____

PROCESSING: Departments must complete this form, enter a Direct Pay, affix the Direct Pay cover stamp and submit to Accounts Payable.. This authorization may only be used for payments up to \$200.