

PLYMOUTH STATE UNIVERSITY
Of the University System of New Hampshire

**Accounts Payable
Convenience Check Authorization Form**

Please fill out this form completely.

DATE: _____

CHECK PAYABLE TO:

NAME _____

ADDRESS _____

PURPOSE FOR CHECK:

PLEASE ATTACH APPROPRIATE BACKUP INFORMATION

FOAPAL TO BE CHARGED

AMOUNT

AUTHORIZED NAME AND SIGNATURE

DEPARTMENT/EXTENSION

BUSINESS OFFICE APPROVAL

CHECK DUE DATE

RETURN THIS COMPLETED FORM TO ACCOUNTS PAYABLE, MSC #13 FOR PROCESSING