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Request for Check Authorization

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Request for Check Authorization GENERAL ACCOUNTING USE ONLY

Voucher No.: _____

Voucher Date:

АР Туре: _____

Office	of Fin	ancial	Service
Office	of Fin	ancial	Service

Vendor Name and Address	Payee Declaration			
Kean ID No.:	I CERTIFY THAT THIS REQUEST IS CORRECT IN ALL ITS PARTICULARS. THE DESCRIBED GOODS OR SERVICES HAVE BEEN FURNISHED OR RECEIVED BY KEAN UNIVERSITY.			
City:	Payee Signature			
State: Zip	Date			
GENERAL ACCOUNTING USE ONLY				
Invoice Number: Invoice Date:	Due Date:			
Item No. Description of goods/services (Attach Invoice/Documentation)	Amount Fund – Cost Center – Object (GL – ACCOUNT)			
Total: \$				
Total Dollar Amount (in words)				
Receiving Certification – I certify that the above described articles have been received or services rendered herein.	PAYMENT AUDITED, ALLOWED AND WARRANTED			
See attached signed receipt				
Signature –	Signature – General Accounting			
Date	Date			