

Authorization for Expenditures

Shaded Areas Not Used by HHSC

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| | | | | | | | | | | | | | |
|---|----|--------------------------------------|--------|-----------------------|---------------------------------------|--------------------------|------------------|--------------------------|------------------------|----------------------------|------------------|------------|--|
| 1. Agency No. | | 2. Agency Name | | | | 3. Current Document No. | | | | Accounting Use Only | | | |
| 4. Texas Identification No. and Mail Code (14 digits) | | | 5. PDT | | 6. Document Amount | | | | | | | | |
| 7. Payee Name/Address | | | | | 8. Purchase Order ID and Contract No. | | | | | | | | |
| SFX 001 | 9. | Ref Doc | T-Code | CONF | RTI | Orig. Payment Date | AY/Ref | Class/PCA | Prj/Grant | Account/COBJ | Amount | R | |
| | | APPN | FUND | Invoice Received Date | | Invoice Date | Payment Due Date | | Requested Payment Date | | Interest Control | Reason | |
| | | Invoice No. | | | | Description | | | Ser/Del Date | Dept ID | Program | SpeedChart | |
| SFX | 9. | Ref Doc | T-Code | CONF | RTI | Orig. Payment Date | AY/Ref | Class/PCA | Prj/Grant | Account/COBJ | Amount | R | |
| | | APPN | FUND | Invoice Received Date | | Invoice Date | Payment Due Date | | Requested Payment Date | | Interest Control | Reason | |
| | | Invoice No. | | | | Description | | | Ser/Del Date | Dept ID | Program | SpeedChart | |
| SFX | 9. | Ref Doc | T-Code | CONF | RTI | Orig. Payment Date | AY/Ref | Class/PCA | Prj/Grant | Account/COBJ | Amount | R | |
| | | APPN | FUND | Invoice Received Date | | Invoice Date | Payment Due Date | | Requested Payment Date | | Interest Control | Reason | |
| | | Invoice No. | | | | Description | | | Ser/Del Date | Dept ID | Program | SpeedChart | |
| 10. SER/DEL Date | | 11. Description of Goods or Services | | | | | | 12. Quantity | | 13. Unit Price | | 14. Amount | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | 11a. SCOR Contract No. | | | | 11b. SCOR Service Dates | | | | | | | |
| 15. Payee Verification/Certification Signature | | | | | | Phone No. with Area Code | | | Payee Contact Name | | | | |
| 16. HHSC Contact Signature | | | | | | Phone No. with Area Code | | | HHSC Contact Name | | | | |
| 17. I approved this payment. The above goods or services correspond in every particular with the contract under which they were purchased. The invoice for the goods or services is correct. This payment complies with the General Appropriations Act. | | | | | | | | | | | | | |
| Approved | | | | | | Mail Code | | Phone No. with Area Code | | | Date | | |
| Approved | | | | | | Mail Code | | Phone No. with Area Code | | | Date | | |