



For Accounting Use Only

BANNER ID: \_\_\_\_\_

BANNER INV: \_\_\_\_\_

**Authorization for Payment**

(formerly known as Invoice for Services Rendered—ISR)

This **Authorization for Payment** form is used in conjunction with an **Independent Contractor Agreement** to authorize payment. If this form is used as a substitute for a vendor invoice, the vendor must sign\* in the designated area below.

For Location:              Foothill College              De Anza College              District Office              Foundation

INVOICE No. (if not provided by vendor): \_\_\_\_\_ Date: \_\_\_\_\_

**Required:**

INDEX (6 digits)	FUND (6 digits)	ORG (6 digits)	ACCT (4 digits)	PROG (6 digits)	AMOUNT
Total Payment:					

**PAY TO:**

Name / Contractor \_\_\_\_\_

Street Address 1 \_\_\_\_\_

Street Address 2 \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Phone Number \_\_\_\_\_ Last 4 of Social or Tax ID Number: \_\_\_\_\_

FOR SERVICES RENDERED (Description of Services): \_\_\_\_\_

DATE OF SERVICES RENDERED: \_\_\_\_\_

**SIGNATURES:**

Department Approval: \_\_\_\_\_

First &amp; Last Name (Please Print)

Date

Signature (Required\*)

Administrator Approval: \_\_\_\_\_

First &amp; Last Name (Please Print)

Date

Signature (Required)

---Additional items that may be applicable---

Provider of Services\*: \_\_\_\_\_

First &amp; Last Name (Please Print)

Date

Signature

Purchase Order No. \_\_\_\_\_

Are you a retiree under:    STRS       Yes       No       PERS       Yes       No

\*Vendor signature is required only if this form is used as a substitute for vendor invoice.

ONCE COMPLETED FORM AND SUPPORTING DOCUMENTATION ARE RECEIVED, PAYMENT WILL BE PROCESSED IN TWO WEEKS.

Please refer to Delegations of Purchasing and Contracting Authority at <http://purchasing.fhda.edu/procedures-policies-and-laws>

09/18/2019