

# Los Alamos Public Schools

Payment Authorization

Receiving Confirmation

Requisition:

Purchase Order:

Vendor Name:

Total amount approved for payment with this authorization:

**NOTES:**

Check all that apply:

Okay to pay: Invoice(s) attached  Receiver(s) attached

Services rendered and/or goods received per PO

Okay to revise PO as necessary to process payment: [  ] Initials

Special payment request (include details in note section above and provide any supporting documentation)

Please close PO

Please keep PO open

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Authorized Signature

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Date Approved