NEC/Perkins School for the Blind

CASH ONLY Authorization

Date: _____

TO: BUSINESS OFFICE

Please issue to: _____ ext: _____

Amount: $ _____ - _____ **Date Wanted:**

Account Code to Charge: - - - - - __ __ __ __ __ __ __ __ __ __ __

(Please fill in ALL 11 digits)

5 digit natural account (category) + 6 digit subaccount (department)

Purpose:

Signed: _____

Authorized Signature: _____

(must be approved by supervisor before cash can be issued)

Payment Received: _____

Date Received: _____

CASH
ONLY

version
7/1/2011

Date Rec _____
Correct _____
Approved _____

NEC/Perkins School for the Blind

CASH ONLY Authorization

Date: _____

TO: BUSINESS OFFICE

Please issue to: _____ ext: _____

Amount: $ _____ - _____ Date Wanted:

Account Code to Charge: - - - - - __ __ __ __ __ __ __ __ __ __ __

(Please fill in ALL 11 digits)

5 digit natural account (category) + 6 digit subaccount (department)

Purpose:

Signed: _____

Authorized Signature: _____

(must be approved by supervisor before cash can be issued)

Payment Received: _____

Date Received: _____

CASH
ONLY

version
7/1/2011

Date Rec _____
Correct _____
Approved _____

APBO-1-CASH Only Auth7-1-11