

Payment Authorization (PA) Form Instructions

1. When to use the PA form:

The PA is designed to be used as an authorization for payment once services have been completed usually from an Independent Contractor Agreement (ICA) or other service agreement for a one-time payment, less than \$5,000 per fiscal year, not funded by Measure C Bond and not subject to public works. It may also serve as an invoice in lieu of one be generated by the vendor which would then require the vendor's signature.

2. User Responsibilities:

- a. Provide W9 from vendor
- b. Attach executed service agreement
- c. Attach a vendor prepared invoice or require vendor signature if PA is serving in lieu of a vendor invoice
- d. Choose location; If Foundation funded, then additional review and approval are needed
- e. User must obtain FOAP(s)
- f. Complete vendor's name, address and phone number
- g. Write last four numbers of Social Security or full Tax ID number
- h. Provide a brief description of the work performed
- i. Indicate date the services occurred
- j. Department approval

Each of the following items may independently be applicable depending on the vendor service provider's STRS/PERS status, supporting documents, payment timing:

- k. Select which system applies, if the vendor providing services is a STRS/PERS retiree.
- l. Vendor providing services signature is required, if the PA is used in lieu of a vendor provided invoice.
- m. Reference number is used by very few departments in limited circumstances for partial payments at fiscal year-end and/or for internal tracking

3. Payment Thresholds and Processing

- a. One-time payment per fiscal year less than \$5,000, not funded by Measure C Bond and not public works. If those items do not apply, please create purchase requisition for a purchase order.

PAYMENT AUTHORIZATION

(formerly named Invoice for Services Rendered—ISR)

This **Payment Authorization** form is used in conjunction with any service agreement to authorize payment without a PO. A vendor invoice is preferred, but if an invoice cannot be obtained, this form may be used as a substitute* with vendor signature.

For Location: Foothill College De Anza College District Office Foundation

INVOICE No.: _____ **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 & Last Name (Please Print)

Date

Signature (Required)

Vice President, Finance/

Admin Services Approval: _____

(Required for payments >\$5,000)

First & Last Name (Please Print)

Date

Signature (Required)

~ Items that may be independently applicable for payment ~

Is the vendor providing services a STRS/PERS retiree? Yes No If Yes, check one: STRS PERS

Reference No. _____

Vendor Providing Services*: _____

First & Last Name (Please Print)

Date

Signature

*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>