



# TEXAS A&M UNIVERSITY-CORPUS CHRISTI

## PERMIT TO PAY

To be completed by Department

Date: \_\_\_\_\_

\*Vendor's Name: \_\_\_\_\_

\*Address: \_\_\_\_\_

Vendor#: \_\_\_\_\_

\*PO#: \_\_\_\_\_

\*Date(s) Services Rendered:

\*Name or Department Receiving Service: \_\_\_\_\_

\*Description of Service Rendered:

\*Date(s) and Time(s) of Completion:

**TOTAL AMOUNT DUE FOR THIS PERMIT TO PAY: \$** \_\_\_\_\_

To Be Completed by Department Head or other Authorized Approver of Funds

I hear by certify that the above services were satisfactorily rendered. Fee approved for payment.

\_\_\_\_\_  
Signature of Department Head or Approver of Funds

\_\_\_\_\_  
Date

\_\_\_\_\_  
Account Number

**NOTE:** Only to be used for multiple payments, otherwise original contract can be used for invoice.

**\*\*All Fields Required**