CHARGE AUTHORIZATION FORM

ON-CAMPUS SERVICE CENTERS

Dept. Acronym ☐☐☐☐☐

☐☐☐☐☐ ☐☐☐☐☐ ☐☐☐☐☐☐ ☐☐☐☐☐ ☐☐☐☐☐☐ ☐☐☐☐☐

FUND | DEPT ID | ACCOUNT | PROGRAM | PROJECT | CLASS

☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

DESCRIPTION/IDENTIFIER

☐☐☐☐☐☐ ☐☐☐☐☐☐☐☐☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐

REQUESTED DATE (MM/DD/YY) | REQUESTED BY | DEPARTMENT | PHONE | ZIP

☐☐☐☐☐☐ $ ☐☐☐☐☐ . ☐☐

NEEDED BY (MM/DD/YY) | APPROVED MAXIMUM (OPTIONAL)

_____

AUTHORIZING SIGNATURE TO PAY CHARGES

WORK TO BE PERFORMED

DEPARTMENT: Complete form, get authorized signature, and route to applicable Service Center for processing.

SERVICE CENTER: Once services are complete, email completed form to FINCFS@csuchico.edu

04/20

SERVICE CENTER USE ONLY

☐☐ UNIT ☐☐☐☐☐☐☐☐ WORK ORDER NO. $ ☐☐☐☐☐ . ☐☐ COST

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☐☐☐☐☐☐ COMPLETION DATE (MM/DD/YY)

$ ☐☐☐☐☐ . ☐☐ COST

☐ CREDIT