



**Small Dollar Invoice  
Authorization Form**

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

UC Flex Document Number: \_\_\_\_\_

*(To be completed following UC Flex transaction processing)*

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

Vendor Address: \_\_\_\_\_

\_\_\_\_\_

Amount: \$ \_\_\_\_\_

Send Check to: \_\_\_\_\_

| LN# | AMOUNT | G/L | FUND | COST CENTER | FUNC AREA | GRANT | INTERNAL ORDER |
|-----|--------|-----|------|-------------|-----------|-------|----------------|
| 1   |        |     |      |             |           |       |                |
| 2   |        |     |      |             |           |       |                |
| 3   |        |     |      |             |           |       |                |

Initiated by: \_\_\_\_\_

TYPE or PRINT NAME

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

SIGNATURE

*I certify that all other methods of payment have been considered and that payment to this vendor using a Small Dollar Invoice is appropriate as the only method of payment for this purchase.*

Reviewed / Approved by: \_\_\_\_\_

TYPE or PRINT NAME

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

SIGNATURE

Department / College / Unit: \_\_\_\_\_

TYPE or PRINT NAME

*Form to be kept in organizational unit for documentation purposes. Do not send form to Accounts Payable.*