

**PURCHASE AUTHORIZATION**

**SUPPLIER**

Name \_\_\_\_\_  
Address \_\_\_\_\_  
Supplier Number \_\_\_\_\_  
Please provide the Purchaser with the Goods / Services specified on this document.

**PURCHASER**

Name \_\_\_\_\_  
Sample Signature : \_\_\_\_\_

**GOODS / SERVICES**

Description	Maximum Cost
TOTAL (including sales taxes) NOT VALID IF OVER \$ _____	
/100 DOLLARS	
(amount in writing)	

**RESTRICTIONS**

NOT VALID AFTER \_\_\_\_\_ NOT VALID IF TOTAL AMOUNT EXCEEDS \_\_\_\_\_

**AUTHORIZATIONS**

Requisitioned in accordance with  
Spending Authority delegated by the Deputy Minister.

District Office \_\_\_\_\_ Telephone \_\_\_\_\_ Date : \_\_\_\_\_  
Spending Authority \_\_\_\_\_  
Signature \_\_\_\_\_

**CONFIRMATION**

I certify that I have received the goods and/or services described above.

Date (YYYY MMM DD) : \_\_\_\_\_  
Purchaser's Signature : \_\_\_\_\_

*Supplier, Please*

Have the Purchaser sign the above to ensure that it matches the sample signature.  
Attach this Authorization to your invoice and send to:

WARNING - THIS DOCUMENT HAS A LINE WATERMARK - HOLD UP TO A LIGHT TO VIEW

