Louisiana State University
Office of Accounting Services
Accounts Payable & Travel
217 Thomas Boyd Hall

PAYPAL/THIRD PARTY PROCESSOR TRANSACTION DOCUMENTATION & APPROVAL **AS150**

Request Date _____

Department		
Contact		
Phone	Fax	E-mail

Purchaser Information		
Name		
Address		
City	State	Zip

Vendor Information		
Vendor Name		
Address		
City	State	Zip

Description	Quantity	Unit	Unit Price	Total Price
			Total *	

*** A copy of the PayPal Transaction Detail must be attached.**

I certify that the item(s) listed above is a legitimate University purchase.

Approval	Signature	Title	Date
Employee			
Supervisor			