

AUTHORIZATION TO CHARGE

Date _____

WE HEREBY AUTHORIZE TRANSPORTATION SERVICES TO CHARGE OUR TAMU/ SYSTEM ACCOUNT

Coordinator: _____

Department: _____

Billing Address: _____

Telephone Number: (_____) _____ - _____ Mail Stop: _____

Account Payable Clerk: _____

Fiscal Account Name: _____

System Part Code: _____ Account Number: _____ - _____

Department Head: _____

Authorizing payment of: _____

FOR OFFICE USE ONLY

Date Processed: _____

ATC Log #: _____

Amount: \$ _____

Dept UID: _____

Sales Tax: \$ _____

Custodian UID: _____

Total: \$ _____

Authorizing payment of: _____

