

**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: \_\_\_\_\_

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

PRINT NAME

\_\_\_\_\_  
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: \_\_\_\_\_

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

PRINT NAME

\_\_\_\_\_  
SIGNATURE

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

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