

Authority For AP Continuing Payment

This form is to be used to make regular payments of significant and large dollar value contracts.

FINANCIAL SERVICES DIVISION

Please attach an initial perpetual GST Tax Invoice and contract documents.

Batch	Accounts
	Office Use
	Only

Background (Nature and Summary of Agreement/Contract (attach copy))

Amount (Total amount of EACH payment – Amount in words)	(e.g. Lease- in of #n "A" St from BCD Ltd for n years for "E" Dept Labs) U/O GL Account Code:							
	Posting to	o GL	GST	Total				
Payee (Actual Bank Account Number)	Bank	Branch	Payee's a/c no.	Suffix				
	(max 2)	(max 4)	(max 7)	(max3)				
(Details required by Payee on Bank Statement)	(max	12 chars)	(max 12 char	s)	(max 12 chars)			
Dates and frequency	First Payment on:			Frequency:		(select from drop down list)		
	Last Payment on:		Date Type:			(select from drop down list))	
	NB – If pr	ecise last da	ate cannot be given th	nen last payme	nt of the curren	t year MUST be entered.		
	Notes:	Notes:						
Payer (U/O GL Narrative)	(max 30 cha	ars)						
Authorisation Request originated by	Name:							
	Departme	ent:						
	Signature	:						
	Date:							
Approved for Payment	1.							
	2.							
	(Officia	al U/O Bank	a/c Signatories)					

Upon Completion of this form, the signed form needs to be returned to the Accounts Payable Office, Financial Services Division.

Or Scan the completed and signed form and email to: accounts@otago.ac.nz