



Special Sale / Service Authorization

Refer to UCD Policy and Procedure 340-09 for information on when to use this form. Departments may copy this form as needed. After approval by the department head, submit form in duplicate to Business & Revenue Contracts. One copy will be returned to the department after approval by the Associate Vice Chancellor—Finance/Controller.

Accounting Office Use Only	
Authorization Number:	_____
	(Cite on invoice or cash receipt)
Period of Authorization	
One time only:	_____
Indefinite:	_____
Until:	_____

Department: _____ **Date:** _____

Contact Name: _____ **Phone:** _____

Account to be Credited
Name: _____ Number: _____

Is this a recurring transaction? Yes No

If recurring, how long will authorization be needed? _____

Amount Per Transaction: _____ Annual Total: _____

Is this product or service provided to university departments? Yes No

If yes, will service to university departments be negatively impacted by providing this product or service to a non-university user? Yes No

Specify type of Non-University User: Student Employee
 Other (please specify) _____

Describe Transaction: _____

Is this service or product reasonably available elsewhere? Yes No

How does this transaction relate to the University's mission of teaching, research, and public service? _____

Approvals		
Department Head	Print Name	Date
	J. Michael Allred	
Associate Vice Chancellor – Finance/Controller		Date