Transportation Services

AUTHORIZATION TO CHARGE

Date: _____

CUSTOMER INFORMATION

We hereby authorize Transportation Services to charge our TAMU/System account.

Coordinator: _____

Department: _____

Billing Address: _____

Phone 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: _____