Personnel Area(s): ____________________________________________

Agency Name: ________________________________________________

Agency Address: ______________________________________________

Authorized By: ________________________________________________

(Printed Name & Title: _____________________________ / _____________________________

(Name) (Title)

Date: ________________________ (Effective Date of Authorization)

Vendor check payments requested to be pulled by this agency should be:

Mailed to the agency address above ______

Sent to the agency by messenger mail ______

Held at OSUP for pickup by those authorized in the list below ______

Employees authorized to pick up checks at OSUP:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

This form should be scanned and emailed to the BFA Unit at _doa-osup-bfa@la.gov