



Harvard School of Public Health Payment Approval Form (PAF)

In accordance with the procurement and disbursement procedures of the University Office of the Controller, the **Department Administrator or appropriate Designee** must complete this form in order to process the attached payment. This document provides the University Office of the Controller with written evidence that the goods and/or services specified on the invoice(s) included with the payment request were received and conform to the requirements of the agreement between the vendor and Harvard University.

Please complete the "Departmental Checklist for Payment Approval" section (showing the basis for your approval) and the "Departmental Approval" section, and obtain the signature of the HSPH Director of AP (for payments of \$50K-\$249K) or HSPH Controller (for payments of \$250K or more). Any questions regarding this form may be directed to the HSPH Office of Financial Services (OFS) at 432-0564.

Departmental Checklist for Payment Approval: *(initial each item)*

_____ The procurement/payment is in compliance with established policies and procedures of my Org, School, and Harvard University.

_____ The transaction is for a proper University purpose.

_____ The purchase was reviewed and approved prior to commitment.

_____ All goods and/or services being authorized for payment have been received, and any requisition/ purchase order has been reconciled to the billing for the goods/services actually received.

_____ All required documentation is attached.

_____ The correct 33-digit coding, including the proper object code, was used for the expenditure.

_____ There are adequate funds available for the amount approved for payment.

_____ **For federally sponsored funds (100000-199999)**, the Debarment Certification requirements have been met¹.

_____ **For all sponsored funds (100000-299999)**, the charge is within the budget and project period and in accordance with terms of the sponsored fund¹.

_____ **For restricted gift and endowment funds (302000-389999, 430000-699999)**, the charge is in accordance with the terms of the fund¹.

¹ If the attached payment request has no charges to funds in this range, you should indicate "n/a".

Departmental Approval:

I have reviewed the attached payment request, the related invoice(s) and all supporting documentation. Based on this documentation and my knowledge of the related activity, I approve this payment.

Amount approved for payment:

\$ _____

Approved:

_____ Dept Administrator/ Designee Signature

_____ Dept Administrator/ Designee printed name

_____ Dept Administrator/ Designee phone number

_____ Date

HSPH OFS Approval:

_____ Director of AP/ HSPH Controller / Chief Financial + Admin Officer Signature

Sharon Reine/Victoria Johnson / Laura Ketchum
Director of AP/HSPH Controller /CF+AO

_____ Date