

SECTION 8: PAYMENTS
EXHIBIT 8D: AUTHORIZATION TO DISBURSE

MEMORANDUM

STATE OF ALASKA

TO: Cash Manager
Treasury Division
Department of Revenue

DATE:

FROM: Name/Title
Division/Department

TELEPHONE:
FAX:

RE: AUTHORIZATION TO DISBURSE

Amount of Payment: _____ **Date of Disbursement:** _____

PAYABLE TO:

Bank Name: _____

Branch Name
or other identifier: _____

Bank Address: _____

Transit Routing Number: _____

CREDIT TO:

Name of Account: _____ Account Number: _____

REFERENCES:

Document Number of TJE 420-11: _____
Invoice Number: _____
Contract Number: _____

I certify that the facts herein and on supporting documents are correct, that this transaction constitutes a legal charge against funds and appropriations cited, that sufficient funds are encumbered to pay this obligation or that there is a sufficient unencumbered balance in the appropriation cited to cover this obligation. I am aware that to knowingly make or allow false entries or alterations on a public record, or knowingly destroy, mutilate, suppress, conceal, remove or otherwise impair the verity, legibility, or availability of a public record constitutes tampering with public record, punishable under AS 11.56.815-820. Other disciplinary action may be taken up to and including dismissal.

Signature of Finance Officer: _____

FOR TREASURY DIVISION USE ONLY

Signature of Cash Manager: _____ **Date:** _____