



Accounts Payable Voucher

Amount Requested: \$ _____

Date: _____

Vendor Information

Vendor #: _____ A/UO # (if applicable): _____

Address Line 1: _____ City: _____ State or Province: _____ Zip: _____

Address Line 2: _____ City: _____ State or Province: _____ Zip: _____

Address Line 3: _____ City: _____ State or Province: _____ Zip: _____

Description of Request:

Account Distribution

Fund	Organization	Account	Program	Activity	Amount
_____	_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	_____	\$ _____
Total:					\$ _____

Preparer Name: _____ Signature: _____ Date: _____

Approval Name: _____ Signature: _____ Date: _____

Approval Name: _____ Signature: _____ Date: _____

Special instructions: _____

*Original receipts must be attached