VENDOR No.	VOUCHER No.	AMOUNT:	CHECK	
	VENDOR NAME		NUMBER	DATE
POSTED BY				
			ONLY ONE VENDOR PER FORM	

ENCUMBRANCE NUMBER	INVOICE DATE	INVOICE NUMBER	AMOUNT	CHARGE TO ACCOUNT NUMBER				PROJECT NUMBER
				FUND		DEPARTMENT	ACCOUNT No.	

DESCRIPTION:			
APPROVED FOR PAYMENT:			
	DEPARTMENT NAME	DEPARTMENT HEAD SIGNATURE	DATE