

PAYMENT VOUCHER

Name \_\_\_\_\_ P.O.# 7- 08359

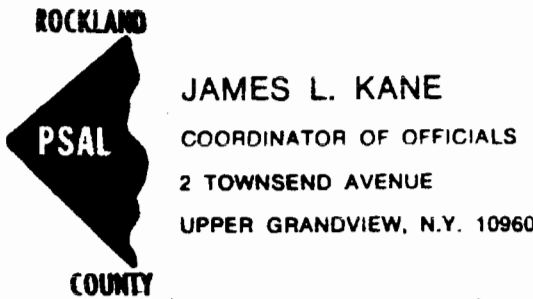
Address \_\_\_\_\_ Date \_\_\_\_\_

Zip \_\_\_\_\_ VENDOR # \_\_\_\_\_  NEW VENDOR

Social Security # \_\_\_\_\_ Budget Designation 5518-447-00-6114

Official's Signature \_\_\_\_\_  Sport \_\_\_\_\_

DATE	VISITORS	HOME TEAM	LEVEL	ADD'L	LATE	TRAVEL	OFFICE USE ONLY



OFFICE USE ONLY

Total - \$ \_\_\_\_\_

I CERTIFY THAT THIS VOUCHER HAS BEEN AUDITED AND ALLOWED IN THE AMOUNT OF \$\_\_\_\_\_. PAYMENT IS HEREBY AUTHORIZED TO THE CLAIMANT, AND THE AMOUNT ALLOWED CHARGEABLE TO THE PROPER FUND.

Director: \_\_\_\_\_ DATE: \_\_\_\_\_

Requested By \_\_\_\_\_ Director Authorized By \_\_\_\_\_ Purchasing Agent