ACCOUNTING VOUCHER

Contract Number	Date P.O. Prepared	P.O. No.

Agency Name/Delivery Address:

Bid Opening Date	Bid Ref./Requisition No.	Terms P.O.

Customer Account No.

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Vendor Invoice No.	Due Date Mo.	Day	Yr.	State Ref. No. or P.O. No.	Amount Paid

Must be delivered by:

Inside delivery ☐ YES (if CHECKED)

Name:

Address:

City:

State: Zip: -

Vendor ID: - Suffix:

PLEASE BE SURE TO INCLUDE ZIP CODE IN ALL ADDRESSES

Invoice to address:

Voucher number and date

Total amount paid

Vendor Name

P.O. Number

Intra-agency Contact

Telephone

Item No.	Commodity Code	Description	Quanity	Unit	Unit Price	Amount

INTRA-INST. USE

TOTAL AMOUNT

I certify that the P.O., Receiving Report (if applicable), Invoice, and Voucher are in agreement with the merchandise or service being paid for; and further, that computations and coding on the Voucher are correct and discounts taken are proper.

INITIAL

TRANS	AGENCY	GLA	FUND		FFY	PROGRAM			OBJECT	REVENUE SOURCE	AMOUNT	PROJECT		
			FUND	DET		PROG	SUB	ELE				PROJECT	TK	PH

COST CODE	FIPS	PSD	AGENCY REFERENCE	INVOICE		DUE DATE	REFERENCE DOC	
				DATE	NUMBER	MM DD YY	NUMBER	SX

DESCRIPTION	CURRENT DOCUMENT		SUBSIDIARY ACCOUNT	MULTI-PURPOSE	1099
	NUMBER	SX			

☐ CHECK IF CONTINUATION SHEET ATTACHED