



GENERIC VOUCHER
TAX EXEMPT: 38-6007327

FUND	DEPARTMENT	ACCOUNT

FOR ACCOUNTING USE ONLY

_____ Date

_____ Authorized Signature

_____ Payee/Vendor/Employee Name

_____ **Printed Name** **Title**

_____ Employee ID/WIN Number

_____ Authorized Signature

_____ Remit Address

_____ **Printed Name** **Title**

_____ Remit Address

_____ Department Placing the Order

_____ **Vendor Contract Number**

_____ Person Placing the Order Phone Number

**** All payments in excess of \$5,000 must include a purchase order number, vendor contract number, or fully signed independent contract.**

INVOICE NUMBER	INVOICE DATE	DESCRIPTION	AMOUNT
TOTAL			

* Make a copy for the department prior to sending the original to Accounts Payable

Stock Number
(Internal use only)