



GENERIC VOUCHER
TAX EXEMPT: 38-6007327

FUND	DEPARTMENT	ACCOUNT

FOR ACCOUNTING USE ONLY

_____ Date

_____ Authorized Signature

_____ Payee/Supplier/Employee Name

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

_____ Employee ID/WIN Number

_____ Authorized Signature

_____ Remit Address

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

_____ **COLT Contract Number**

_____ Department Name Mail Stop

_____ **Vendor Contract Number**

_____ Department Contact Phone Number

****All payments in excess of \$5,000 must include a vendor contract 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)