

AUBURN UNIVERSITY

VENDOR VOUCHER

PAYEE _____ VENDOR NO. _____

ADDRESS _____ DEPT. NAME _____

_____ DEPT. PHONE _____

CITY/STATE _____ / _____ ZIP CODE _____

CHECK NUMBER _____

DATE PAID _____

1099 _____

SHADED AREAS FOR BUSINESS OFFICE USE ONLY!

VOUCHER NUMBER	ACCOUNT NUMBER	SUB- CODE	TC	PURCHASE ORDER NUMBER	INVOICE NUMBER	DUE DATE	INVOICE AMOUNT	P/F	DISCOUNT AMOUNT	NET AMOUNT
			142							
			142							
			142							
			142							
			142							
			142							
			142							
			142							

DATE OF SERVICE	PURPOSE OR DESCRIPTION OF SERVICE	AMOUNT

BUSINESS OFFICE USE ONLY	TOTAL CLAIMED AMOUNT
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PREPARED BY _____ DATE _____

APPROVED BY DEPARTMENT HEAD _____ APPROVED BY DEAN _____

APPROVED BY PROCUREMENT & PAYMENT SERVICES _____