University of ÑÇÖÞÓ°Ôº

Supplemental Accounting Voucher

(Attach to PeopleSoft Non-PO Voucher)

One Invoice Per Voucher

Name and Address of Firm or Individual To Be Paid	Date Submitted
	Federal ID Number
	Vendor Number

Explanation	I certify (Initial each line and sigh below)
	_____ These expenses were necessary for University business.
	_____ I personally paid these expenses and have not been nor will I be reimbursed by any other person/entity.
	_____ To the best of my knowledge, these expenses are correct and are eligible for reimbursement under University policy.
	Payee Signature _____
	Title _____

Invoice Date	Invoice Number	Description

MoCode	Account	Fund	DeptID	Program	Class	BP	Project/Grant	Bus. Unit	Amount:

Authorized Signer(s) for Chartfield String(s)		DeptID/Program/Project Name	
Name	Date		
Signature		Payment Handling	Taxable
Administrative Superior			
Name	Date	Approved (Acctg)	PS Non-PO Voucher Number
Signature			

UM 12 (JUL 04) 6/18/04

Reset