



VOUCHER/DISBURSEMENT REQUEST

VENDOR NAME		ADDRESS			
FEIN OR BANNER ID		PSA#/HONORARIUM#/TA#			
INDEX	ACCT				AMOUNT
				TOTAL	
DESCRIPTION OF EXPENDITURE: <i>IF SUBSCRIPTION / MEMBERSHIP RENEWAL CHECK HERE</i>					
I CERTIFY COMMODITIES RECEIVED OR SERVICES RENDERED:			EXT:	DATE:	
AUTHORIZED SIGNATURE:				DATE:	
ACCOUNTS PAYABLE USE ONLY					
INV #:			PAY DATE:		
CHECK #:			CHECK DATE:		