

## VENDOR (PAYEE) INFORMATION

Vendor Name (Payee): \_\_\_\_\_ Vendor ID: \_\_\_\_\_  
 Vendor Street Address: \_\_\_\_\_  
 Vendor City, State, Zip: \_\_\_\_\_  
 Date Requested: \_\_\_\_\_ Date Due: \_\_\_\_\_ Amount: \_\_\_\_\_  
 Transit/Routing No.: \_\_\_\_\_ Bank Account No.: \_\_\_\_\_ Currency: \_\_\_\_\_  
 Bank Name: \_\_\_\_\_  Checking Account  
 Bank Address: \_\_\_\_\_  Savings Account  
 Reference: \_\_\_\_\_

## VENDOR PAYMENT INFORMATION

Account No: \_\_\_\_\_ Amount: \_\_\_\_\_  
 Account No: \_\_\_\_\_ Amount: \_\_\_\_\_  
 Account No: \_\_\_\_\_ Amount: \_\_\_\_\_  
 Account No: \_\_\_\_\_ Amount: \_\_\_\_\_  
 Description: \_\_\_\_\_

## APPROVER INFORMATION

Requestor Name (print): \_\_\_\_\_ Phone Extension: \_\_\_\_\_  
 Requestor Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Department Head Name (print): \_\_\_\_\_ Phone Extension: \_\_\_\_\_  
 Department Head Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## CONTROLLER'S OFFICE USE ONLY

Controller: \_\_\_\_\_ Date: \_\_\_\_\_  
 Asst. Treasurer: \_\_\_\_\_ Date: \_\_\_\_\_

VOUCHER	PAYMENT	RECONCILE
Voucher No.: _____	Wire/Chk. No.: _____	Date: _____
Date: _____	Date: _____	By: _____
By: _____	By: _____	