

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: _____	