



VOUCHER/DISBURSEMENT REQUEST

VENDOR NAME			ADDRESS		
FEIN OR BANNER ID			PSA#/HONORARIUM#/TA#		
FUND	ORG	ACCT	PROGRAM		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:		