

**Auburn Montgomery
Vendor Voucher**

Payee

Dept. Name

Dept. Phone

Address

Preparer's Name

City

State

Zip

Vendor #

Seq#

PO#

P/F

PSA#

(Business Office Use Only)

Commodity/Description		Total Amt.
" V		
Credit Memo (Y/N)		
1099 Vendor (Y/N)		

Invoice Date	Invoice #	Amount	Fund	Org	Acct	Prog	Activity	Location

Business Office Use Only

Approved By Department Head

Approved By Dean

AUM-BO 55-01 (Rev.12/11-B)

Approved by P.P.S

Date