

**DEPARTMENTAL  
 ACCOUNTS PAYABLE VOUCHER**

AP Voucher     Direct Pay     Credit Memo     General Encumbrance

Date Prepared: \_\_\_\_\_  
 PO Number: (AP Voucher only) \_\_\_\_\_  
 GE Number: (Gen. Encumbrance only) \_\_\_\_\_  
 Vendor Number: \_\_\_\_\_  
 Vendor Name: \_\_\_\_\_  
 Remit to Address: \_\_\_\_\_  
 Document Text: \_\_\_\_\_

For Accounts Payable Use Only	
Date Entered	_____
Fiscal Year	_____
Bank Code	01    Direct Deposit _____ Y or N
NSF Appv By	_____ 1099 Pmt _____ Y or N
One Invoice Per Check	<input type="checkbox"/>
Many Invoices Per Check	<input type="checkbox"/>

Partial Payment     \*Pick Up Check     *\*All vendor checks are mailed directly from the Business Affairs Office. If it becomes necessary for someone to pick up a check, a signed, written request from the Budget Unit Head is required indicating the person who is to pick up and sign for the check. Picking up checks is not a preferred practice. If you pick up a vendor check, it is your responsibility to communicate with the vendor should any questions arise concerning that payment.*  
 Final Payment     Enclosure

Vendor Invoice Date	Vendor Invoice Number	Description of Services or Product	Vendor Invoice Amount
Vendor Invoice Total			

Commodity Level Accounting     Document Level Accounting

INDEX	FUND	ORG	ACCOUNT	PRG	DESCRIPTION	AMOUNT
Total						

*By my signature, I declare this invoice to be true and correct to the best of my knowledge, and I hereby certify that the items described on the attached invoice have been received and should be processed for payment.*

Prepared By \_\_\_\_\_ Date \_\_\_\_\_      Budget Unit Head \_\_\_\_\_ Date \_\_\_\_\_  
 Director of Purchasing \_\_\_\_\_ Date \_\_\_\_\_      Approved by or for Accounts Payable \_\_\_\_\_ Date \_\_\_\_\_