

UNIVERSITY OF MISSOURI

VOUCHER

VOUCHER NUMBER

PLACE BAR CODE NUMBER HERE (For Accounting/Purchasing Use Only)	NAME AND ADDRESS OF FIRM OR INDIVIDUAL TO BE PAID	EMPLID Number	DATE
		Federal ID Number	Department make photocopy for your records; mail original to Accounting or Purchasing Department.

I certify that this bill is correct and just and that payment therefor has not been received.	VENDOR'S SIGNATURE
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DESCRIPTION OF PAYMENT TO BE MADE	AMOUNT

TO BE COMPLETED BY UNIVERSITY DEPARTMENT	TO BE COMPLETED BY ACCOUNTING SERVICES / PURCHASING DEPARTMENT			
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CEIVED OR SERVICES RENDERED: APPROVED FOR PAYMENT	VENDOR NUMBER	LOC	PRICES, TERMS, EXTENSIONS, FOOTINGS CORRECT	
DATE APPROVED	INVOICE / CREDIT MEMO		PURCHASE ORDER NUMBER	
SIGNATURE OF AUTHORIZED REPRESENTATIVE			FLAGS (INDICATE IF APPLICABLE)	
SIGNATURE OF DEAN OR DIRECTOR	INVOICE NUMBER (MAX 30)	DESCRIPTION (MAX 14CHAR)	HOLD	ENCLOSURE
	AMOUNT	DATE	DATE DUE	TAXABLE
DEPARTMENT CHARGED	APPROVED (PURCHASING DEPARTMENT)		SEPARATE CHECK	
			APPROVED (FISCAL)	

										OPTIONAL FRS INFORMATION	
AMOUNT	MOCODE	PS ACCOUNT	FUND	DEPTID	PROGRAM	CLASS	BP	PROJECT/GRANT	BUSINESS UNIT	FRS ACCT NAME	FRS ACCT #