

**DIRECT
PAYMENT
VOUCHER**

DOCUMENT NUMBER

D_ 81117

PAYEE DATA

NAME, ADDRESS & ZIP CODE

JOHN SMITH

123 Street

ANYCITY, ANYSTATE

PAYEE REFERENCE NUMBER (FEIN OR SSN)

1 2 3 4 5 6 7 8 9

INVOICE DATE

INVOICE NUMBER

AMOUNT

TOTAL

QUANTITY

UNIT OF MEASURE

DESCRIPTION

ACCOUNT

AMOUNT

**Service provided on date
provided and where
it is provided at.**

TOTAL AMOUNT

400.00

IS THE PAYEE OR BENEFICIARY A U.S. CITIZEN OR PERMANENT ALIEN

YES NO

Your signature **7/2/13**
SIGNATURE OF PERSON MARKING CITIZENSHIP OR RESIDENCY STATUS DATE

PAYMENT DATA

FUND/ORGANIZATION

YOUR CLUB

OFFICE PHONE #

—

FUND

11111111

ORG

22222

PROGRAM

33333

APPROVAL

IT IS HEREBY CERTIFIED THAT THE SERVICES OR MATERIALS REPRESENTED ON VOUCHER WERE RECEIVED OR AUTHORIZED AND THAT THE AMOUNT IS CORRECT AND APPROVED FOR PAYMENT

Your signature **7/2/13**
REQUESTED BY DATE

FINANCIAL MANAGER DATE

APPROVAL LEVEL I DATE

APPROVAL LEVEL II DATE

APPROVAL LEVEL III DATE

FOR OFFICE USE ONLY

LOCAL AUTOMATIC PYMT

MANUAL PAYMENT

TC LOCAL CHECK

TC LOCAL CHECK

SEPARATE LOCAL

IMPREST CHECK

OTHER SPECIFY

GROUPING SHEET

CHECK #

OVERRIDE AUTHORITY

BUDGET CONTROL

DATE

SOURCE OF FUNDS

EXCEEDS AVAILABLE FUNDS

VENDOR ID

ENC.

G or I