у То:				Federal ID No. or		
Remit Address:				Social Security #		
				Voucher Date		
Remit Address:	Same as Invoice	Same as Envelope Alterr		_l nate		
Invoice	Invoice	Object			Invoice	(Credit)
Number	Date	Code	FCPA#	FCPA Account Na	ame \$ Amount	(\$ Amount)
iness Purpose (if Requ	ired):					
				TOTALS		
				GRAND TOTAL		
Special Instructions:	E-mail for pickup					
Prepared by:	E-mail address			ACCOUNTS PAYABLE USE ONLY		
	Send additional copy p			Returned for:	Vendor copies no	
	Other:				Departmental ap	
					Invoice(s) not original State sales tax no	
Address/Phone #:						eleted or computed
- ,					Incorrect object of	
APPROVAL: We certi	fy that all information is fact	ual and accurate	and is the proper		Incorrect invoice	
harge for good or se	rvices receive and the under	rsigned are empo	wered to enter		Other:	
nto such transactions	on behalf of the above.					
FCPA Office Approval	Signed:			Printed:	Date:	
CPA Office Approval				Printed:	Date:	
Dean's Office Approval	Signed:			Printed:		Date: