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**Supplemental Accounting Voucher**  
*(Attach to PeopleSoft Non-PO Voucher)*  
**One Invoice Per Voucher**

Name and Address of Firm or Individual To Be Paid	Date Submitted
	Federal ID Number
	Vendor Number

Explanation	I certify (Initial each line and sigh below) _____ These expenses were necessary for University business. _____ I personally paid these expenses and have not been nor will I be reimbursed by any other person/entity. _____ To the best of my knowledge, these expenses are correct and are eligible for reimbursement under University policy.  Payee Signature _____  Title _____
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Invoice Date	Invoice Number	Description
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MoCode	Account	Fund	DeptID	Program	Class	BP	Project/Grant	Bus. Unit	Amount:

<b>Authorized Signer(s) for Chartfield String(s)</b>				DeptID/Program/Project Name							
Name			Date			Payment Handling			Taxable		
Signature											
<b>Administrative Superior</b>						Approved (Acctg)			PS Non-PO Voucher Number		
Name			Date								
Signature											