



Date Vouchered: _____ Departmental Reference Number *: _____

Project/Cost Center to Pay Charge: _____ Expense Account No.: _____

Project/Cost Center to Receive Credit: Revenue Account No.:

[illegible]

Supplier Signature: _____
 Print Name: _____ Date: _____

Cost Center/Project
Manager/ Alternate
Approver Signature: _____
Print Name: _____ Date: _____

I Certify that the above services were rendered, or goods received; and that they correspond in every particular with the contract under which they were procured and that the invoice is true and unpaid

User Signature: _____
 Print Name: _____ Date: _____

Cost Center/Project _____
 Manager/ Alternate _____
 Approver Signature: _____
 Print Name: _____ Date _____

REV. 4/8/2025