

University of ~~Alabama~~

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 sign 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 _____				
Invoice Date			Invoice Number		Description				
MoCode	Account	Fund	DeptID	Program	Class	BP	Project/Grant	Bus. Unit	Amount:
Authorized Signer(s) for Chartfield String(s)							DeptID/Program/Project Name		
Name				Date					
Signature									
Administrative Superior							Payment Handling		Taxable
Name				Date			Approved (Acctg)		PS Non-PO Voucher Number
Signature									