



**CONTRACTED SERVICES
PAYMENT VOUCHER**

VENDOR NUMBER (BANNER) _____

VENDOR NAME _____

VENDOR ADDRESS _____

FEDERAL ID OR SSN _____

BUDGET ACCOUNT NO. (FOAPAL)

FUND	ORG	ACCT	PROG	AMOUNT
TOTAL				

BACKUP ATTACHED _____

DESCRIPTION OF SERVICES RENDERED _____

PREPARED BY/DATE _____

AUTHORIZED BY/DATE _____

NOTE: THIS VOUCHER IS TO BE USED FOR SERVICES ONLY

PAYABLES USE ONLY	
DATE CHECKED	DATE RECEIVED W-9