



E

Expense Voucher/Requisition

_____ Date

_____ Department Name

_____ Payee Name (Last, First MI)

_____ Account Number To Be Charged

_____ Address Line 1

_____ Address Line 2

*DO NOT use this form for payment to
AHEC Employees for Personal Services.*

_____ City _____ State _____ Zip Code

ATTACH INVOICE

Detailed Description of Charges	Amount

IF THIS PAYMENT IS FOR CONSULTANT FEES OR PERSONAL SERVICES, HAVE PAYEE READ AND SIGN.
I certify that the above work has been performed satisfactory or the items received as indicated.

_____ Payee

_____ Date

_____ Approved for Payment by the Division Director

_____ Date

ACCOUNTING DEPARTMENT USE ONLY

VENDOR # _____

VOUCHER # _____

TC	Account Number	Amount	Description
Ø	_____	_____	_____
Ø	_____	_____	_____

Invoice Number _____ Invoice Date _____ Invoice Due Date _____ Retail _____ PO Number _____

HOLD ENCL

Check or Warrant No. _____

w/%\$

[If 1099 payment enter "Y"
See Manual for instructions]

Type _____

_____ Approved for Payment by _____ Date _____

_____ Completed by _____ Date _____