



PURCHASE VOUCHER

Agency#	Agency Name	Agency Voucher #		
Unit Name		Requisition #		Dept. Ref. #
Payee Name & Address		Payee ID #		FAMIS PO#
		Invoice Date	Order Date	Requested Pmt Date
		Inv. Rec'd Date	Delivery Date	IC

Description of Items or Services	Qty	Unit Price	Amount
Customer A/R: _____ PO# _____ Encumb Obj: _____ P/F/N Liq Ind: _____			TOTAL:

Doc Type	PCC Code	PDT Code	Dept Code	Contact Phone #		
Account	S-Acct	Object	Bank	Amount	Invoice #	Account Name

TOTAL		
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Agency Certification: 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, and that the claim was presented to the State within the applicable limitations period.	Preparer Signature	Date
	Unit Approver Signature	Date
	Fiscal Office Approver Signature	Date