

Fill out lines at all purple arrows

GENERIC VOUCHER TAX EXEMPT: 38-6007327

					FOR ACCOUN	TING USE ONLY	
FUND	DEPARTMENT	ACCOUNT					
Please provide a fund the admins which acco							
expense code, input it							
			An admin,	An admin, or John, will sign off on this- no need to sign			
Date			Authorized	Authorized Signature			
Payee/Supplier/E	Payee/Supplier/Employee Name Employee ID/WIN Number			Printed Name Title			
				An admin, or John, will sign off on this- no need to sign			
Employee ID/WI				Authorized Signature			
Remit Address			Printed Na	Printed Name			
COLT Contract N	COLT Contract Number			nt Name	Mail St	ор	
Blanket PO Num	Blanket PO Number			nent Contact Pho		Number	
	a vendor contract or fu			.		•	
INVOICE NUMBER	INVOICE DAT	INVOICE DATE		DESCRIPTION		AMOUNT	
Make a copy for the department prior to sending the original to A			Accounts Payable	Make sure the total equals the	TOTAL		
17	, , ,	g 2 g 2ts	- ,	total of the amount to be reimbursed		t in a stock number	
Accounts Payable Dep	artment email: accts	spay-dept@wmich.	edu		Stock Number		
				(Internal use only)			