



Office of Accounts Payable, Haggerty 304

# STANDARD VOUCHER

Voucher # \_\_\_\_\_ Requisition # \_\_\_\_\_  
 Account # \_\_\_\_\_ Account # \_\_\_\_\_

**All gray areas must be completed prior to submitting this form.**

Payment Date (MM/DD/YY) \_\_\_\_\_ OSC Use Only \_\_\_\_\_

Payee ID (non employee) \_\_\_\_\_ Orig. Agency Code 28210

Payee Name \_\_\_\_\_  
 Last First MI Suffix Title

Address (to mail check to) \_\_\_\_\_  
 Street City State Zip

Reason for Expenditure \_\_\_\_\_

Department \_\_\_\_\_

DESCRIPTION OF MATERIAL/SERVICE Use additional sheet if necessary, and carry total forward.	QUANTITY	UNIT PRICE	AMOUNT

**TOTAL \$** \_\_\_\_\_

### PAYEE'S CERTIFICATION

I hereby certify that all the above account and schedules are just, true, and correct; that no part thereof has been paid, except as stated therein, and that the balance therein stated is actually due and owing, and that the amounts claimed were necessary and incurred in the performance of my authorized official duties.

Signature \_\_\_\_\_ Date \_\_\_\_\_ E-mail \_\_\_\_\_ Work Phone \_\_\_\_\_

### SUPERVISOR'S CERTIFICATION

I, the claimant's supervisor, certify this account has been examined and, to the best of my knowledge and belief, the amounts claimed were necessary for the performance of the claimant's authorized official duties.

Signature \_\_\_\_\_ Date \_\_\_\_\_ Name & Title (Print/Type Legibly) \_\_\_\_\_

EXPENDITURE		
ACCOUNT#	SUB OBJECT	AMOUNT

<p><b>STATE COMPTROLLER'S PRE AUDIT</b>          Certified for payment by _____</p> <p><b>For Agency Finance Office Use Only</b>          I certify that this claim is correct and just and that this payment is approved          By _____          Authorized Signature          Title _____          Date _____</p>
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