

DRAW # _____

SUPPLIER/VENDOR VOUCHER FORM

FILE # _____

CONTRACTOR: _____ DATE: _____

PROJECT: _____

VENDOR: _____

ADDRESS: _____

PURCHASE ORDER NO: _____

DATE	INVOICE #	COST ACCOUNT CODE	INVOICE AMOUNT	ADJUSTMENTS	NET AMOUNT
TOTALS					

AUTHORIZED FOR PAYMENT BY: _____

(Payment will be issued to the above supplier/vendor for the amount indicated)

NOTE: REQUEST WILL NOT BE PROCESSED WITHOUT THE FOLLOWING BEING ATTACHED:

- A. DUPLICATE OF ALL INVOICES SUPPORTING THIS REQUEST