

CALVIN College



I.#
I.D
D.D

INSTRUCTIONS

Price OK? Indicate whether the price on the invoice is correct.
If the price is not correct, indicate the correct price on the invoice next to the incorrect price. Please review each item listed on the invoice.

Quantity OK? Indicate whether the quantity listed on the invoice is correct.
If the quantity is not correct, indicate the correct quantity on the invoice next to the incorrect quantity. Please review each item listed on the invoice.

Account Enter the twelve-digit account number with delimiters X-X-XXXXX-XXXXX. Incomplete or inaccurate account numbers will necessitate returning the voucher for clarification.

Amount If distributing the invoice total to more than one account, indicate the amount to be assigned to each account.

Purchaser The signature of the purchaser is required here.

Budget Officer/ The signature of the budget officer/

Department Head department head is required here.

Phone Enter the phone number. This is generally the on-campus extension number (e.g x1234).

Date Enter the date of the signature MM-DD-YY.

VOUCHER

To be completed by department:

Price OK? Yes No

Quantity OK? Yes No

Charge invoice to 12 digit account number: _____

If more than one account number should be charged, please itemize below:

12- digit account number X-X-XXXXX-XXXXX	Amount
Total (must agree to invoice)	\$

Signatures: _____ Phone _____ Date _____

Purchaser: _____

Budget officer/department head _____

Return completed vouchers to Accounts Payable

For Accounts Payable Use:

Approval for Payment:	Initials	date	Date out A/P	
A/P clerk:	_____	_____	date received A/P	_____
controller:	_____	_____	Voucher number	_____

