



### 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	RSN ENCL

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

Doc Type	PCC Code	PDT Code	Dept Code	Contact Phone #		
<b>Account</b>	<b>S-Acct</b>	<b>Object</b>	<b>Bank</b>	<b>Amount</b>	<b>Invoice #</b>	<b>Account Name</b>
<b>TOTAL</b>						

<b>Agency Certification:</b> 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