

(DOC PREFIX)

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DEPARTMENT
DEPARTMENT CONTROL NO.
DATE

Vendor Name: _____

Vendor Remittance Address: _____

Encumbrance Amount \$ _____

SUMMARY INVOICE/S INFORMATION

No. of Invoices Attached _____

Total of Invoices \$ _____

SCHEDULED PAYMENT (Y/N)

PARTIAL PAYMENT

FINAL PAYMENT

DUE DATE

DEPARTMENT		CONTROLLER	
Prepared By: _____		Approved By: _____	DATE _____
Phone # _____		Entered By: _____	
Fax # _____			
Approved By: _____	DATE _____		
(Department Head)			

ADDENDUM ATTACHED <input type="checkbox"/>
Nos. of Pages _____