

WARRANT NUMBER:
WEEK ENDING:

DEPT:

BATCH NUMBER: _____

VENDOR NUMBER	CONTRACT # or P.O. #	VENDOR SUBTOTAL	ACCOUNT NUMBER		
			ORG CODE	OBJECT	AMOUNT
Vendor Name					
Vendor Name					
Vendor Name					
Vendor Name					
Vendor Name					
Vendor Name					
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Vendor Name					
Vendor Name					
Vendor Name					
Vendor Name					
Vendor Name					
Vendor Name					
Vendor Name					
Vendor Name					
Vendor Name					
Vendor Name					
Vendor Name					
Vendor Name					
TOTAL:					\$0.00

I/we hereby certify that the supplies and/or services as shown on the bills enclosed in this voucher have been received by this department in quantity and quality as ordered. That the prices have been verified and that the above amounts are due and hereby approved for payment. The above statements are made under the penalties of perjury.

Signature: _____

Title: