

Atlantic Cape Community College

Direct Voucher Payment Form

This form is for items not requiring receiving and not processed in Purchasing. Supporting documentation must be attached. Questions on use or process call Business Services, Ext 5115.

Vendor #: _____ <small style="text-align: center;">Busn Svcs assigned</small>	Voucher # _____ <small style="text-align: center;">A/P assigned</small>
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Vendor Name: _____	Date: _____
Attn: _____	Originator: _____
Address: _____	A/P use _____
City: _____ State: _____ Zip: _____	

<i>Account #</i> <small>FF-L-PP-DDDDD-00000</small>	<i>QTY</i>	<i>Description</i>	<i>Unit \$</i>	<i>Total \$</i>

REVIEW	
Business Services _____	Date: _____

APPROVED BY:	
Director _____	Date: _____
Senior Staff _____	Date: _____
President if over \$6,200.00 _____	Date: _____

Check #: _____	Date: _____	Amount: \$ _____
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