

Texas A&M University-Commerce Voucher Payment Request

Purchase Order #: _____ Date: _____

Department: _____ Dept Code: _____

Contact Name: _____ Phone: _____

Required

The attached invoice, receipt, advertisement tear sheet, completed registration form, completed membership form, subscription form, and other documentation are for the purchase order number listed above.

Amount Submitted for payment/reimbursement: \$ _____

(Below is only required if for reimbursement for expenses incurred by an employee or student):

Name and social security number of person being reimbursed: (if reimbursement for expenses incurred):

Name

Social Security Number

Required

Date invoice received in department: _____

This is a required field. **(Payment will not be made unless this information is provided.)**

Vendor Certification (Use when invoice or original receipts are not available – attach screen print of items on screen 241 if Limited Order/or signed receiving report stating date payment is to be made available if Purchase Order was created.)

I certify the described articles or services were contracted for and the account is true, correct and unpaid.

Vendor Signature

Date

Please supply remittance address below if not clearly stated on documentation.

(This will ensure that payment is made to correct name and address.)

Remit to:

Name: _____

Street and/or PO Box: _____

City, State and Zip: _____

Specify contact person and telephone number of person to call if check is to be disbursed by the department rather than mailed directly to vendor.

Please call _____ at ext _____ when check is ready.