



VENDOR NAME: _____ VENDOR/SS# : _____
(SS Last 4 digits)

REMIT ADDRESS: _____ ALT VENDOR NAME _____

CITY, STATE, & ZIP: _____ ALT VENDOR # (SS Last 4 digits) _____

INV. DATE: _____ ORDER DATE: _____ DELIVERY DATE: _____

(circle one) SEND SUPPORT: YES/ NO **IF YES, PLEASE SUPPLY COPIES TO MAIL W/CHECK**

DESCRIPTION: _____

COMMENTS: _____

NON COMPLIANT: **ONLY** Use link when paying a Vendor, not for Employee reimbursement
[Click on the link to fill out ATF FORM and forward to Purchasing for approval.](#)

FOR ACCOUNTS PAYABLE USE ONLY: (STATE ACCOUNTS) USAS DOC TYPE _____ LDT CODE: _____

ACCOUNT #	OBJ CODE	P.O. #	P/F/N	BANK NO.	AMOUNT
*LINE #1: _____	_____	_____	_____	_____	_____
INVOICE # : _____	_____	_____	_____	_____	_____
*LINE #2: _____	_____	_____	_____	_____	_____
INVOICE # : _____	_____	_____	_____	_____	_____
*LINE #3: _____	_____	_____	_____	_____	_____
INVOICE # : _____	_____	_____	_____	_____	_____
*LINE #4: _____	_____	_____	_____	_____	_____
INVOICE # : _____	_____	_____	_____	_____	_____
*LINE #5: _____	_____	_____	_____	_____	_____
INVOICE # : _____	_____	_____	_____	_____	_____
TOTAL:					_____

DEPARTMENT USE
PREPARED BY: _____ UNIT # _____ DATE: _____ EXT.# : _____

APPROVED BY: _____ DATE: _____
(RESPONSIBLE PARTY ON ACCOUNT)

I CERTIFY THAT THE EXPENSE SHOWN ABOVE IS TRUE, CORRECT AND UNPAID: _____ DATE: _____

ACCOUNTS PAYABLE DATE STAMP

FOR ACCOUNTS PAYABLE USE ONLY
Comments: _____

AUDITED BY: _____ DATE: _____

APPROVAL: _____ DATE: _____