



Single Payment - Refunds Only Amherst - Disbursement Voucher

University of Massachusetts-Amherst

Date: _____

Voucher# **A9** _____

VENDOR NAME (20) St Address, City, State, Zip	INVOICE DATE (8)	SPEED CHART(6)	INVOICE NUMBER (30) INVOICE DESCRIPTION (30)	PAYMENT AMOUNT	ACCOUNT (6) FUND (5)	DEPT ID (10) PRJ/GRT (15)	PRG (3)	CLASS (5)	HAND CODE	VOUCHER No. (8)
										0
										1
										2
										3
										4
										5
										6
										7
										8
										9

TOTAL	-
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ACCOUNTING USE ONLY	
Entered By _____	
Date _____	

Prepared By: _____	
Department: _____	
Phone: _____	
Campus Address: _____	
Date: _____	