

DOCUMENT ID						
TRANS PV	DEPT UMS	R/ORG 1000	NUMBER	PV DATE	ACC PRD	BUD FY
ACTION		Vendor certification				
<input type="checkbox"/> E <input type="checkbox"/> M		I certify that the goods were shipped or the service rendered as set forth below: (Please sign in ink)				

UNIVERSITY OF MASSACHUSETTS
AMHERST



PAYMENT VOUCHER INPUT FORM

DOCUMENT TOTAL:	VENDOR INVOICE NUMBER:	VENDOR ID:	VENDOR NAME AND ADDRESS
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REFERENCE ORDER	LINE	QUANTITY	DESCRIPTION	UNIT PRICE	AMOUNT

Reference Order												
LN	TRANS	DEPT	R/ORG	NUMBER	LINE	DEPT	Appropriation	SUB	ORG	OBJ	S/OBJ	
						DATES OF SERVICE			AMOUNT		P/F	
						to						

INSTRUCTIONS TO VENDOR
FILL IN SHADED AREAS

TO THE COMPTROLLER OF THE COMMONWEALTH OF MASSACHUSETTS

I hereby certify under the penalties of perjury that all laws of the Commonwealth governing disbursements of public funds and the regulations thereof have been complied with and observed.

Prepared By:	Title:	Date:
Approved By:	Title:	Date:
Entered By:	Title:	Date:

FOR UNIVERSITY USE ONLY

SPEED TYPE	
FUND	
DEPT ID	
PROGRAM	
CLASS	
PROJ/GRANT	
ACCOUNT	