



Amherst-Disbursement Voucher

Date: _____

University of Massachusetts-Amherst

****Please be sure that
Payment Remit Address
is listed on the invoice /
backup attached**

Voucher # _ _ _ _

**"Use column only for
checks that require
special handling"**

VENDOR NUMBER (10) VENDOR NAME (40)	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)	1099 Y/N	Check Handling Code (AP or D)	VOUCHER No. (8)
											0
											1
											2
											3
											4
											5
											6
											7
											8
											9
TOTAL											

Authorized By:

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

UPST Authorization: _____

*****Check Special Handling is necessary if checks need to be picked up or mailed with backup documentation.**
Check Handling Codes:
 Choose AP to have check returned to Accounts Payable for mailing. Include backup to be mailed with the check in an attached envelope for mailing.
 Choose D to have check returned to the Bursars Office for pick up.

Electronic submission only: Please email to invoices@umassp.edu

EACH INVOICE MUST HAVE AN APPROVED SIGNATURE