

SAMPLE FORM OF HOW TO FILL OUT

Accounts Payable Forms

Disbursement Voucher

DEPARTMENT:

CSUN

DIVISION:

LEAVE BLANK

LOCATION:

NORTHRIDGE

DATE:

LIST DATE

REQUIRED FIELDS:

Leave blank

ACCOUNT:

blank

FUND:

blank

DEPT ID:

blank

PRGM:

blan

CLASS:

blank

PROJECT/GRANT:

blank

REQ #:

blank

Quantity:

List All Items on Your Receipt (attach additional forms if needed):

Unit Price:

Amount:

3

Package of balloons

1.00

3.00

1

Confetti package

1.00

1.00

2

Plastic Animals

.75

1.50

3

Plastic measuring cups

.50

1.50

Paid By Revolving Fund:

Subtotal:

7.00

Check No:

blank

Sales Tax:

.58

Date:

blank

Total:

7.58

Employee Signature:

SIGN YOUR NAME

Date: _____

Financial Mgr. Signature:

Date: _____

LEAVE ALL BLANK BELOW THIS LINE

Receipt of the total amount shown is hereby acknowledged:

Vendor Name:

Vendor Authorized

Representative Signature: _____

Optional Use: (Comments, etc.)

This form can be accessed at:

http://www-admn.csun.edu/acctpay/forms/disbursement_voucher.htm