

ACCOUNTS PAYABLE USE ONLY

Voucher Number (7)

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[illegible]

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Total Amount

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[illegible]

Grand Total	
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Intermediate Supervisor	Date
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Company: _____

[illegible]

Employee Signature _____

Official Position>

Accounts Payable	Date
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Approval Officer	Date
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ATTACH ORIGINAL RECEIPTS WHEN REQUIRED PURSUANT TO COLLEGE TRAVEL POLICIES