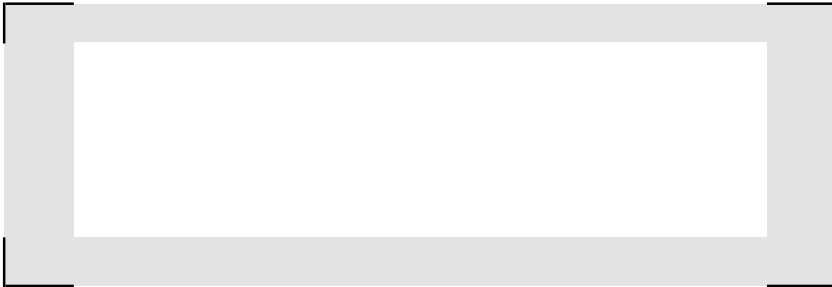


Colleague Payee ID/Address Sequence No: _____

The San Diego Community College District
VOUCHER

Date: _____



Payee Name & Mailing Address: (Use Dept/Site if Employee)

Payee Type: Employee Student Vendor Other _____

<u>DESCRIPTION:</u>	<u>Amounts</u>
Total Amount:	

Supporting documents attached?(Y/N)	If No, where are they filed:
Go-back/Check enclosure attached?(Y/N)	Special Handling /Mailing Instructions:
Separate Check?(Y/N)	
Payment deadline date:	

Prepared by: _____ Phone Number: _____
Site/Dept: _____

Approved by/(Signature): _____ Approval Date: _____
Position/Title: _____

(18 CHARACTERS) INVOICE NUMBER	ACCOUNT NUMBER					(A/P USE ONLY)		
	FUND	DETAIL FUND	COST CENTER	T.O.P.S PROG	OBJECT	AMOUNT	1099 BOX	VOUCHER NUMBER
TOTAL \$						_____		

Distribution: Original Accounts Payable (White)
Duplicate Accounts Payable - (Optional - Will be mailed with check if needed)
TriPLICATE File/Originator