

Atlantic Cape Community College

FY-_____

Direct Voucher Payment Form

This form is for items not requiring receiving and not processed in Purchasing. Supporting documentation must be attached.

Vendor #	Voucher# A/P Use
Vendor Name:	Date:
Attn:	Originator:
Address:	A/P Use
City/State/Zip:	

Account # FF-L-PP-DDDDD-00000	QTY	Description	Unit \$	Total \$

Review

Business Services	Date
-------------------	------

Approved by:

Staff Member	Date of Approval
Director	Date:
Cabinet Member	Date:
President if over \$ 7000.00	Date: