



VENDOR/HONORARIUM VOUCHER

Shaded fields are optional - all other information must be provided

PAY TO
Name: _____
Address: _____
City/Town: _____ State/Province: _____
Zip/Postal Code: _____ Country: _____

Wire Transfer (complete all fields)
Name of Bank: _____
Acct. Title: _____ Acct #: _____
Address: _____
City/Town: _____ State/Province: _____
Zip/Postal Code: _____ Country: _____
ABA/SWIFT : _____

Inv. Date: Visa Status (non US Citizen)

Tax ID # _____
(Required if Payment is for Services) Terms: % Days Net Days Invoice:

Quantity	Item Description	Currency Type	Price	Disc.	Amount
<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
					TOTAL:

Attachment Enclosed

CHARGE/(CREDIT) number of digits for each field indicated in parentheses

Amount	Acct(3)	Dept(3)	Project/Grant(7)	Fund(2)	Budget Year(4)	Optional 1 (15)	Optional 2 (15)	PrgCode(3)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Approved - Head of Office or Department