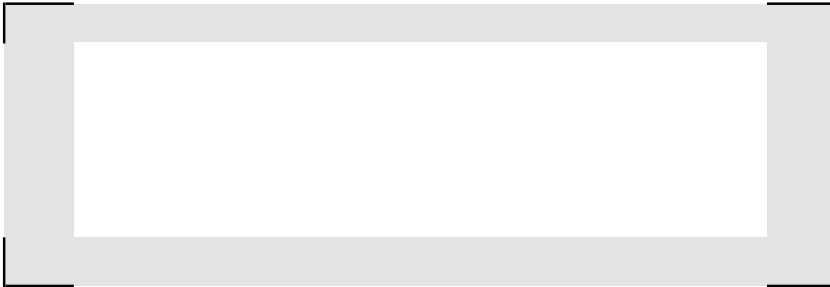


Colleague Payee ID/Address Sequence No: _____

The San Diego Community College District
VOUCHER

Date: _____



Do Not Use This Space

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

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