

State of Missouri Supplemental Accounting Voucher

(Attach to PeopleSoft Non-PO Voucher)

One Invoice Per Voucher

Name and Address of Firm or Individual To Be Paid	Date Submitted
	Federal ID Number
	Vendor Number

Explanation	<p>I certify (Initial each line and sign below)</p> <p>_____ These expenses were necessary for State business.</p> <p>_____ I personally paid these expenses and have not been nor will I be reimbursed by any other person/entity.</p> <p>_____ To the best of my knowledge, these expenses are correct and are eligible for reimbursement under State policy.</p> <p>Payee Signature _____</p> <p>Title _____</p>
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Invoice Date	Invoice Number	Description
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MoCode	Account	Fund	DeptID	Program	Class	BP	Project/Grant	Bus. Unit	Amount:

Authorized Signer(s) for Chartfield String(s)				DeptID/Program/Project Name							
Name			Date			Payment Handling			Taxable		
Signature											
Administrative Superior				Approved (Acctg)						PS Non-PO Voucher Number	
Name			Date								
Signature											