



# Abraham Baldwin Agricultural College

## Direct Purchase Payment Voucher

THIS VOUCHER IS AUTHORIZED FOR THE PAYMENT OF EQUIPMENT, SUPPLIES AND SERVICES OF \$3,500 OR LESS.

Vendor No. \_\_\_\_\_ Vendor Name: \_\_\_\_\_

Prepared By: \_\_\_\_\_ Date: \_\_\_\_\_

If New Vendor, Report Federal ID (Attach W9): \_\_\_\_\_

Payment Information				Account Information					For Payment	
Invoice Number	Invoice Date	Invoice Amount	Department Name	Account #	Fund	Dept #	Program	Class	Project	Amount
<b>Grand Total:</b>										

Special Instructions:

### Instructions

**Step 1:** All Information must be completed including "Account Information" before payment can be processed. Suggest departments/areas keep a copy of form with most of account information for your department/area already completed to expedite the process.

**Step 2:** Attach original invoices to voucher. If original invoice is not available, copy must be stamped "certified copy" or explanation of use of invoice copy must be attached.

**Step 3:** At least two authorized signatures are always required for payments. The initial approver and next level above approver are required. Approvers must have budget authority over the account used for payment.

**Step 4:** Make sure all appropriate invoices are attached and form is complete before sending to Accounts Payable. If form is not complete, Accounts Payable will send documents back to originating preparer for completion before payment is processed. Copies of all documents should be stored by preparers for future audit.

**Assistance:** Call Accounts Payable or Business Office if you have any questions .

### Approvals

As the initial approver, I hereby certify that the above items have been received or the services performed as stated and that the funds are available from the budgeted account(s) indicated above. I also certify that these expenses are in compliance with established policies and procedures of ABAC and that they have not been (nor will not be) reimbursed in duplicate.

Initial Approver: \_\_\_\_\_ Date: \_\_\_\_\_

As approvers, I hereby certify that I approve the payment of the above transactions and to my knowledge the funds are available to cover the expenses.

Approved By: \_\_\_\_\_ Date: \_\_\_\_\_

Approved By: \_\_\_\_\_ Date: \_\_\_\_\_

Note: All transactions need at least two approver signatures - person responsible for account (authorizing payment) and supervisor of person authorizing payment.

### Business Office Use Only

Processed By:

Brenda Bailey       Other: \_\_\_\_\_

Audit Checks:

- Approvals Checked       Original Invoice Attached  
 Account Checked       Quantities and Prices Checked  
 Printed Check Matches Voucher Information

Audited By: \_\_\_\_\_

Comments: