

**REED COLLEGE
INVOICE VOUCHER**

VENDOR NAME:

DEPT. PERSONNEL	EXT:			Date Sent:	Payment Due Date:	
					Invoice Date:	
AMOUNT	FUND/ INDEX	ACCOUNT NUMBER		ACTIVITY CODE	DESCRIPTION <small>(MAX 16 CHARACTERS)</small>	VENDOR INVOICE #
		ORGN	ACCOUNT			
		TOTAL TO BE PAID				

Departmental Approval	Date
Business Office Approval	Date

BUSINESS OFFICE USE ONLY			
		Vendor #:	
Grouping Indicator:	I	M	Address Type/Sequence:
Credit Memo:	Y	N	Doc # /H
Income Type:		Hold ?	Y N
		Completed:	Y N