

Voucher #

James Madison University Accounting Voucher

Agency Name/Delivery Address:		Date Voucher Prepared	
James Madison University		Contact Person	
Harrisonburg, VA 22807		MSC	Phone #
Vendor Information:		Vendor Invoice #	Invoice Date
Name		P.O. No.	eVA exclusion #
Address		Explanation of non-eVA purchase if no exclusion # is provided above:	
City		This signature is responsible for the departmental budget(s) being charged. There are sufficient funds in the department's current fiscal year budget to cover the expenditure.	
State	Zip	9b	
Vendor ID #	Suffix:	10	
Peoplesoft Vendor #	(APPROVING SIGNATURE)		(Date Signed)

Description	Quantity	Unit Price	Amount
11	12	13	14
TOTAL AMOUNT			\$0.00

"In the absence of contractual terms and in accordance with the Commonwealth's Prompt Pay Act, payment shall be due thirty (30) days after receipt of proper invoice or material/service, whichever is later."	DEPTID# (ORG#)	ACCOUNT NO.	AMOUNT
	15		16
For Accounts Payable Use Only:			
I Certify that the P. O. Receiving Report (if applicable), Invoice and Voucher are in agreement with the merchandise or service being paid for; and further, that computations and coding on the Voucher are correct and discounts taken are proper.			
TOTAL AMOUNT			\$0.00