MASSACHUSETTS COLLEGE OF LIBERAL ARTS

Print Form

TRUST FUND PAYMENT VOUCHER

PO Number

VENDOR NAME AND ADDRESS:

VENDOR'S CERTIFICATION:
I certify that the goods were shipped or the service rendered as set forth in description below.

(Please Sign in Ink)

DESCRIPTION	AMOUNT

Requester Date

Chair/Dean/VP Date

Business Office Use Only:

Authorizing Signature Date

FUND	DEPT.	SUB/OBJ	OBJECT CODE	CATEGORY	AMOUNT