

Invoice Voucher

Name and Location of State Agency or Institution

PAYMENT OF INTEREST MAY BE AVAILABLE IF THE STATE FAILS TO COMPLY WITH THE STATE PROMPT PAYMENT ACT, 30 ILCS 540.	2. Taxpayer Identification Number	4. Voucher No. _____
	3. Vendor or Payee LAST NAME FIRST NAME MIDDLE INITIAL OR BUSINESS NAME	5. Voucher Date _____
<u>Disposition of Copies</u> 1. Comptroller 5. Agency 2. Agency 6. Agency 3. Agency 7. Retained by 4. Remittance Copy Vendor		6. Appropriation Account Code _____
		7. Invoice Number _____
		8. Invoice Date _____

10. Indicate Beginning and Ending Date of Service and GAAP Code. Give Complete Description of Articles/Services Rendered or Attach Itemized Vendor Invoice	11. Quantity	12. Units	13. Unit Price	14. Amount

18. Exp. Obj	19. Exp. Amount	20. CFDA No.		15. Subtotal	
			22. Obligation No.	23. Payment Amount	
				16. Discount / Deduction	
21. Total Exp.			24. Total Payment Amount	17. Total Amount	

25. For Agency Use Only

Approved for Payment _____

Receiving Officer _____ Date _____ Clerk _____

Head of Unit or Authorized Agent _____ Date _____

Certification of Receiving Agency

I certify that the goods or services specified on this voucher were for the use of this agency and that the expenditure for such goods or services was authorized and lawfully incurred, that such goods or services meet all the required standards set forth in the purchase agreement or contract to which this voucher relates; and that the amount shown on this voucher is correct and approved for payment. If applicable, the reporting requirements of section 5.1 of the Governor's Office of Management and Budget Act have been met.

_____ Date _____ Agency Head (Signature)