

# Invoice Voucher

Name and Location of State Agency or Institution

<p>PAYMENT OF INTEREST MAY BE AVAILABLE IF THE STATE FAILS TO COMPLY WITH THE STATE PROMPT PAYMENT ACT, 30 ILCS 540.</p>	<p>2. Taxpayer Identification Number</p>	<p>4. Voucher No. _____</p> <p>5. Voucher Date _____</p>								
<p><u>Disposition of Copies</u></p> <table style="width:100%; font-size: small;"> <tr> <td>1. Comptroller</td> <td>5. Agency</td> </tr> <tr> <td>2. Agency</td> <td>6. Agency</td> </tr> <tr> <td>3. Agency</td> <td>7. Retained by</td> </tr> <tr> <td>4. Remittance Copy</td> <td>Vendor</td> </tr> </table>	1. Comptroller	5. Agency	2. Agency	6. Agency	3. Agency	7. Retained by	4. Remittance Copy	Vendor	<p>3. Vendor or Payee LAST NAME                      FIRST NAME                      MIDDLE INITIAL OR BUSINESS NAME</p>	<p>6. Appropriation Account Code _____</p>
	1. Comptroller	5. Agency								
2. Agency	6. Agency									
3. Agency	7. Retained by									
4. Remittance Copy	Vendor									
		<p>7. Invoice Number _____</p> <p>8. Invoice Date _____</p>								

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) \_\_\_\_\_