

Auburn University Vendor Voucher

Payee _____ Dept. Name _____

_____ Dept. Phone _____

Address _____ Preparer's Name _____

City/State _____ / _____

Zip Code _____

Vendor #	Seq. # (BO use only)	PO#	P/F	Non-US Payee
Invoice Date	Commodity/Description			Total Amount
Bank #				\$ _____
Credit Memo				
1099 Vendor				

Invoice Date	Invoice #	Amount	Fund	Orgn	Acct	Prog	Activity	Locatn

BUSINESS OFFICE USE ONLY	
BO 55-01 (Rev. 5/11-B) Approved By P.P.S _____	Approved By Department Head
	Approved By Dean
	Date