

Banner Invoice # _____

ROWAN UNIVERSITY

Please complete and return to Accounts Payable.

MISCELLANEOUS DISBURSEMENT VOUCHER

Make Check Payable to:

Date: _____

Name _____

Address _____

City _____ State _____ Zip _____

Address for check if different from above: _____

Purpose and Description of Service (Please include who, what, where, when, why)	Amount

VENDOR NUMBER	SOCIAL SECURITY # (Non-Employees Only)	1099 _____
		ENC _____

INVOICE DESCRIPTION	INV DATE	DUE DATE	INDEX #	FUND #	ORG #	ACCT #	PROG #	ACTIVITY #	AMOUNT

THIS FORM IS USED TO PROCESS PAYMENTS (UP TO \$500.00):

Bank 29

Department Head: Print Name and sign	Budget:
	Accounts Payable:

NOTE: Please attach personnel service contract or entertainment form, as needed.