University of Missouri Supplemental Assourting Vaucher

(Attach to PeopleSoft Non-PO Voucher)

One Invoice Per Voucher

				Jue in	voice i	Per vouci	ier														
Name and Ad	dress of Firm or Indivi	idual To Be Pa	id						Date Submitte	d											
									Federal ID Nu	mber											
						Vendor Number															
						To the state of th															
Explanation:						I certify (Initial each line and sign below)															
						These expenses were necessary for University business. I personally paid these expenses and have not been nor will I be reimbursed by any other person/entity. To the best of my knowledge, these expenses are correct and are eligible for reimbursement under University policy.															
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																	Payee Signature				
nvoice Date Invoice Number						Touristin															
Notice Date Invoice Number						Description															
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Authorized Signer(s) for Chartfield String(s) Name Date								,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,													
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Administrative Superior Name																					
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Signature					1																
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