Form T-VA (Rev. 6-01)

Date: _____

VOUCHER AUTHORIZATION FORM

NAME: _____

VENDOR NUMBER: _____

AMOUNT TO PAY: _____

ADDRESS: _____

_____

_____

INVOICE DATE	REFERENCE NUMBER OR DESCRIPTION	P.O. NUMBER	AMOUNT	COST CENTER	WBS ELEMENT	FUND	G/L ACCT.	AMOUNT

APPROVAL:

_____