

Date \_\_\_\_\_

# WESTERN ILLINOIS UNIVERSITY DIRECT PAY AUTHORIZATION

Reference  
Number

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Cost Center Name \_\_\_\_\_ Cost Center # \_\_\_\_\_

Vendor Number 

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 Encumbrance TC \_\_\_\_\_ Exp Class \_\_\_\_\_

Description \_\_\_\_\_ Total Amount \_\_\_\_\_

Payee \_\_\_\_\_ FEIN/SSN \_\_\_\_\_

Address \_\_\_\_\_

Requested By \_\_\_\_\_ Phone Number \_\_\_\_\_

Voucher No.	Subcode	TC	Invoice Number/Description**	Invoice Date	Invoice Amount	P/F/N
00						
01						
02						
03						
04						
05						
06						
07						
08						
09						

Total Amount 

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 \*

### Certification

It is hereby certified that the services or material represented in this voucher were received or authorized; that the purchase of these services or materials was in accordance with all applicable laws, rules and regulations of the State of Illinois, Board of Trustees of Western Illinois University and any other applicable jurisdiction; and that the amount is correct and hereby approved for payment.

\*\*If the TOTAL AMOUNT is \$1,500 or more, Purchasing Office approval is required PRIOR TO PURCHASE.

\_\_\_\_\_  
Fiscal Agent Date

\_\_\_\_\_  
Purchasing Office Representative (\$1,500 or over) Date

\_\_\_\_\_  
Supervisor (if reimbursing an employee) Date

\_\_\_\_\_  
Vice President (if \$500 or over) Date

**\*\*ORIGINAL INVOICE MUST BE ATTACHED. (If there is no invoice number available, enter a description).**

COMMENTS: