

OAKLAND UNIVERSITY MULTIPLE CHECK VOUCHER

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PURPOSE (reason and period covered):				DATE	ACCOUNT DISTRIBUTION	
					FUND CODE	ACCOUNT CODE
VENDOR INFORMATION				INVOICE NO./ REFERENCE	AMOUNT OF CHECK	BANNER DOCUMENT NO.
VENDOR NUMBER		TYPE/ SEQ	PT /		\$	
NAME						
ADDRESS						
VENDOR NUMBER		TYPE/ SEQ	PT /			
NAME						
ADDRESS						
VENDOR NUMBER		TYPE/ SEQ	PT /			
NAME						
ADDRESS						
VENDOR NUMBER		TYPE/ SEQ	PT /			
NAME						
ADDRESS						
VENDOR NUMBER		TYPE/ SEQ	PT /			
NAME						
ADDRESS						
VENDOR NUMBER		TYPE/ SEQ	PT /			
NAME						
ADDRESS						
				TOTAL AMOUNT	\$	

I HEREBY CERTIFY the above amounts are due and hereby approved for payment

Signature of department head or authorized representative Date

Name and e-mail address of document preparer Department Name

Audited		Payment Due Date
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