

STATE OF TEXAS

HSC - 001

(8/01)

PURCHASE VOUCHER

Archive reference	Agency no. <b>709</b>	Doc agency	Agency name <b>The A&amp;M System HSC</b>				Dept. reference number	Agency voucher number		
Invoice date		Order date		Invoice received date		Delivery date				
Payee identification number			GSC order/lease number		State requisition number		Encumbrance number		P/F	Document amount
Payee name/address				Alternate payee identification number			AGENCY USE Payment Number/Date		Voucher Special Handling Prepaid: Check ___ WireTfr ___ State: Warrant ___ ACH ___ Other: ___ Scr.# ___ TC# ___	
				Alternate payee name/address						
SFX	ACCOUNT NUMBER	SUPPORT ACCOUNT	AOBJ	COBJ	1099	Bank	DISC/REQUESTED PYMT DATE	DISC %	AMOUNT	
001										
ACCOUNT NAME		INVOICE NUMBER		CUSTOMER A/R NUMBER		BRIEF DESCRIPTION				
SFX	ACCOUNT NUMBER	SUPPORT ACCOUNT	AOBJ	COBJ	1099	Bank	DISC/REQUESTED PYMT DATE	DISC %	AMOUNT	
002										
ACCOUNT NAME		INVOICE NUMBER		CUSTOMER A/R NUMBER		BRIEF DESCRIPTION				
SFX	ACCOUNT NUMBER	SUPPORT ACCOUNT	AOBJ	COBJ	1099	Bank	DISC/REQUESTED PYMT DATE	DISC %	AMOUNT	
003										
ACCOUNT NAME		INVOICE NUMBER		CUSTOMER A/R NUMBER		BRIEF DESCRIPTION				
SFX	ACCOUNT NUMBER	SUPPORT ACCOUNT	AOBJ	COBJ	1099	Bank	DISC/REQUESTED PYMT DATE	DISC %	AMOUNT	
004										
ACCOUNT NAME		INVOICE NUMBER		CUSTOMER A/R NUMBER		BRIEF DESCRIPTION				
SFX	ACCOUNT NUMBER	SUPPORT ACCOUNT	AOBJ	COBJ	1099	Bank	DISC/REQUESTED PYMT DATE	DISC %	AMOUNT	
005										
ACCOUNT NAME		INVOICE NUMBER		CUSTOMER A/R NUMBER		BRIEF DESCRIPTION				
Special Instructions			DETAIL DESCRIPTION OF GOODS OR SERVICES						AMOUNT	
Enclosure			Doc Type	Pcc	PDT Code	LDT Code	<b>TOTAL</b>			
Contact Name			Mail Stop #	Phone (area code and number)		E-Mail Address				
I Approve this voucher for payment. The above goods or services correspond in every particular way with the contract under which they were purchased. The invoice or the goods or services is correct. This payment complies with the General Appropriations Act, as applicable, and all policies of The Texas A&M University System Health Science Center.						Vendor Certification (Use when no invoice is available)--I certify the described articles or services were contracted for and the account is true, correct, and unpaid.				
Person Receiving Goods			Date		Signature of Vendor			Date		
sign here <input type="checkbox"/>					sign here					
Department Head or Person with Signature Authority			Date		Office of Finance & Administration Voucher Auditor			Date		
sign here					sign here					