

State of Missouri Supplemental Accounting Voucher

(Attach to PeopleSoft Non-PO Voucher)

One Invoice Per Voucher

Name and Address of Firm or Individual To Be Paid	Date Submitted
	Federal ID Number
	Vendor Number

Explanation	I certify (Initial each line and sign below) _____ These expenses were necessary for State 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 State policy. Payee Signature _____ Title _____
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Invoice Date	Invoice Number	Description
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MoCode	Account	Fund	DeptID	Program	Class	BP	Project/Grant	Bus. Unit	Amount:

Authorized Signer(s) for Chartfield String(s)				DeptID/Program/Project Name					
Name			Date						
Signature									
Administrative Superior				Payment Handling		Taxable			
Name			Date	Approved (Acctg)			PS Non-PO Voucher Number		
Signature									