REMIT TO: _____

PALOMAR COMMUNITY COLLEGE **FY 2014-2015**
PAYMENT VOUCHER

VENDOR NUMBER: _____

INVOICE #: _____
INVOICE DATE: _____

INVOICE DESCRIPTION:

ACCOUNT NUMBER								PAYMENT AMOUNT	USE TAX Y, N	1099 Y,N
ACCOUNT	FUND	ORG/Dept.	PROG	Class	Year	PR/GRN	BUS UNIT			
					2015					
					2015					
					2015					
					2015					
							TOTAL	$0.00		

DISTRIB: ☐ **MAIL** (Attach Envelope) ☐ **CAMPUS MAIL** (Attach Envelope) ☐ **OTHER:** _____

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VOUCHER #: _____

AUDITED BY: _____

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