

PALOMAR COMMUNITY COLLEGE
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			
TOTAL										

DISTRIB: MAIL (Attach Envelope)

CAMPUS MAIL (Attach Envelope)

OTHER: _____

PREPARED BY: _____
Please Print

DATE: _____

FOR FISCAL SERVICES USE ONLY

AUTHORIZED BY: _____
Please Sign

DATE: _____

VOUCHER #: _____

AUDITED BY: _____
Please Sign

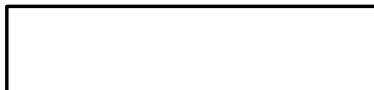
DATE: _____

AUDITED BY: _____

REMIT TO: _____

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