

Lake Superior State University

Local Fund Voucher

Department: _____

Date: _____

BANNER VENDOR/ID NUMBER

BUSINESS OFFICE USE ONLY	
BANNER INV#	
PAY DATE	

Pay to: _____

Description: _____

ITEM #1		INVOICE NO.		INV. DATE	AMOUNT	1099
INDEX	FUND	ORG	ACCT	PROG	ACTIVITY	LOCATION
ITEM #2		INVOICE NO.		INV. DATE	AMOUNT	1099
INDEX	FUND	ORG	ACCT	PROG	ACTIVITY	LOCATION
ITEM #3		INVOICE NO.		INV. DATE	AMOUNT	1099
INDEX	FUND	ORG	ACCT	PROG	ACTIVITY	LOCATION
Total to Pay	\$0.00					

 Authorized Signature

 Date

INSTRUCTIONS

Please fill in local fund voucher in Excel. Then print, have signed by authorized individual and send to Accounts Payable in Business Operations. You may print additional copies for your records.

Required FOAPAL Elements must be filled in (or voucher will be returned for completion).

All Local Fund Vouchers must include an Invoice No. Payee's name and **complete address** must be listed. For payment to individuals, the **U.S. social security number must be listed as the last line in the Pay To Section**. Fill in 1099 code when appropriate. NC=Non employee, PR=prizes, RE=rent, MD=medical. If any questions, please contact Accounts Payable at ext. 2226.

Attachments must include: the original invoice, order blank, or letter for Business Office files.

If original letter or payment stub is to be mailed with check, keep the original and attach a copy to the local fund voucher. Request that the check be returned to you for mailing. The Business Office cannot include attachments. There must be documentation to support reason for payment and amount.