



Purchase Order/Expense Voucher Form

Voucher No: _____
Purchase Order No: _____

Purchase Order

Expense Voucher

Vendor Name: John A. Sullivan Electrical Contractor	Vendor Code:
Voucher Date: 4/19/19	Invoice Number:
Address: 1 Pepe Road Boonton, NJ 07005	Invoice Date: 4/5/19 Due Date: UPON RECEIPT Ship to: SAME AS ADDRESS
Phone Number: 973-334-0291	
Vendor Terms: NET 30 DAYS	Bill to: SAME AS ADDRESS

Billable (Y/N).	Date	Item Description or Destination	Sub-Total	Amount
Y	4/19/19	CSS#18446 Flag Lighting Repairs, CMI#3398		\$980.00
TAX:				

TAX:

(LESS) COMPANY CREDIT CARD:

P.O. not to exceed:

TOTAL: **(Due to Employee / Vendor)** **\$980.00**

Steve Miller 511014 4/19/19

Voucher Completed by: _____ Employee No. _____ Date _____

Supervisor Signature: _____ Employee No. _____ Date _____

Checked By:

Program Manager/Assistant Program Manager Signature: Employee No. Date

Reviewed By:

Vice President, Administration Signature: _____ Employee No. _____ Date _____