



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:				
(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
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Program Manager/Assistant Program Manager Signature:	Employee No.	Date
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Checked By:

Vice President, Administration Signature:	Employee No.	Date
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Reviewed By: