



Purchase Order/Expense Voucher Form

Voucher No: _____
Purchase Order No:

Purchase Order

Expense Voucher

Vendor Name: DeWight's Electrical Services	Vendor Code:
Voucher Date: 4/29/19	Invoice Number: 0685
Address: 12 Fawnvue Dr. McKees Rocks, PA 15136	Invoice Date: 4/01/19
	Due Date: UPON RECEIPT
	Ship to: SAME AS ADDRESS
Phone Number: (412) 527-0127	
Vendor Terms: NET 30 DAYS	Bill to: SAME AS ADDRESS

Billable (Y/N).	Date	Item Description or Destination	Sub-Total	Amount
Y	4/01/19	CSS 17319, Wo 8163, DeWight's Electrical		\$450.00
TAX:				
(LESS) COMPANY CREDIT CARD:				
P.O. not to exceed:				
TOTAL: (Due to Employee / Vendor)				\$450.00

Joe Bayne 508304 4/01/19

Voucher Completed by: _____ Employee No. _____ Date _____

Supervisor Signature: _____ Employee No. _____ Date _____

Checked By:

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

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