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**UNIVERSITY OF NORTH DAKOTA  
VOUCHER  
(DO NOT USE FOR PAYROLL PAYMENTS)**

call 777-4200 for this number

VENDOR ID

REFERENCE NO.

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EMPLID

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PAY TO THE ORDER OF

**SPECIAL INSTRUCTIONS:**

**HOLD PAYMENT-CALL** \_\_\_\_\_

**PAYMENT NEEDED BY** \_\_\_\_\_ (Date)

**PAYMENT BY CHECK-NOT DIRECT DEPOSIT**

**SEPARATE CHECK REQUIRED**

**Name of Vendor** \_\_\_\_\_

NAME

**Address of Vendor** \_\_\_\_\_

ADDRESS

**City, State, zip code of vendor** \_\_\_\_\_

CITY

**federal I.D. number of vendor** \_\_\_\_\_

Last 4 digits of SOCIAL SECURITY NUMBER (required for individuals) OR FEDERAL I.D. NUMBER

MAIL TO (IF DIFFERENT THAN VENDOR ADDRESS)

YES  NO

**North Dakota State Employee  
(excluding UND employees)**

QUANTITY	DESCRIPTION OF GOODS OR SERVICES	UNIT PRICE	AMOUNT
	<b>Brief description of what you are trying to accomplish with this form</b> ***(see example section)		
<p><b>For SOS/Voucher Orders, the total amount of the order MUST BE LESS THAN \$5000.</b>  <b>Purchases exceeding \$5000 may not be submitted on multiple vouchers to comply with the \$5000 limitation.</b></p> <p align="center">UND Tax Exempt Certificate #E-2001</p>			
		<b>TOTAL</b> →	

AMOUNT	ACCOUNT	FUND	DEPT	PROGRAM	PROJECT
		*****	5140		

IF WE REQUEST THAT PAYMENT BE MADE IN THE AMOUNT INDICATED. IF WE ACKNOWLEDGE:  
 1. UNIVERSITY POLICIES & PROCEDURES WERE FOLLOWED.  
 2. THE ABOVE GOODS AND SERVICES WERE RECEIVED.

**Vendor is not excluded (debarred) - www.sam.gov**

**Org Name, 8385, Phone#**  
 REQUESTING DEPARTMENT NAME, Stop#, AND PHONE #

**Treasurer or President of organization signature**  
 DEPARTMENT AUTHORIZED SIGNATURE DATE

**Org Advisor signature**  
 ADDITIONAL APPROVAL (If Required) DATE

**VENDOR Please Note:**

- REFERENCE NUMBER must appear on all invoices, bills of lading, packing lists, etc., and must be marked on all packages, cartons, cases, pallets, etc., and references in all correspondence.
- Mail merchandise and invoices to requesting department above.
- Unless notified, prices are FOB destination.
- Transportation or delivery charges, when applicable, must be prepaid and shown as a separate item on the invoice.

FOR ACCOUNTING SERVICES USE ONLY

PURCHASE ORDER NO.	WITHHOLDING CODE/CLASS	AUDITED	G & C

Submit Completed form to:  
 Procurement & Payment Services - Stop #  
 8356

8/6/2010

\* Check Hold Payment-Call only if you would like to receive the check instead of having it sent directly to the vendor's address. Your phone number is also needed on the line.

\*\*\* Examples: "Payment to ABC company for student organization expenses (see attached invoice)"

\*\*\*\* Your organization's fund number can be found under your organization's webpage on [involvement.und.edu](http://involvement.und.edu). It is a five digit number usually starting with "8xxx". Also called "External Account ID" on the website.