VOUCHER ENTRY

STATE OF NORTH DAKOTA

SFN 54472 (10-2011)

Business Unit Number	Date	Voucher ID

Vendor ID (if known)	Vendor Name		
Address			
City		State	ZIP Code
Invoice Number or Description (up to 30 characters)			
Invoice Date	Invoice Amount	1099 Reportable ☐ Yes ☐ No	W/H Class

CHARGE/DISTRIBUTION LINES:

Accounting Date	Account	Amount	Operating Unit	Fund	Dept	Class	Project	Activity	Resource Type	Resource Category

Total Amount:

I approve payment of this claim and certify that the expenditure is according to the laws of the State of North Dakota.

Signature	Date