



**VOUCHER ENTRY**  
 STATE OF NORTH DAKOTA  
 SFN 54472 (06-2024)

See Page 2 for Instructions

Business Unit Number	Date	Voucher ID
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Supplier ID (if known)	Supplier Name			
Supplier Address		City	State	ZIP Code
Invoice Number or Description (up to 30 characters)				
Invoice Date	Invoice Amount	Accounting Date	1099 Reportable <input type="checkbox"/> Yes <input type="checkbox"/> No	

**CHARGE/DISTRIBUTION LINES**

Withholding Type/Class	Amount	Dept ID	Account	Fund	Operating Unit	Class	Project	Activity	Resource Type	Resource Category
<b>Total Amount:</b>										

Preparer Name <i>(separate from Authorized Representative - see instructions)</i>	Date
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**ACKNOWLEDGEMENT**

I approve payment of this claim and certify that the expenditure is according to the laws of the State of North Dakota. I acknowledge that supporting documentation for this expenditure must be maintained in accordance with the [Records Retention and Disposition schedule](#) as delegated by the Information Technology Department, Records Management Division.

By checking this box and typing my name below, I am signing this document electronically. I agree that my electronic signature is the legal equivalent of my manual/handwritten signature. I agree that the electronic signature appearing on this document has the same validity and enforceability as a handwritten signature.

Authorized Representative Signature (typed name)	Date
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## Instructions for Voucher Entry

This is a fillable form. OMB is requesting that forms sent to us for voucher submittal be prepared using the fillable format.

**Business Unit:** This is a 5-digit chartfield.

**Date:** Enter the day you are preparing the voucher.

**Voucher ID:** You will leave this blank; a Voucher ID will be assigned once the voucher has been inputted into PeopleSoft. The Voucher ID is printed on the advice slip after the check or ACH has been processed.

**Supplier ID:** Please fill in the Supplier ID if known. It would be a good idea to make a list of the Supplier ID numbers that you frequently use.

**Supplier Name:** Record the Supplier Name here.

**Supplier Address, City, State, and ZIP Code:** Record the Supplier Address, City, State, and ZIP Code here.

**Invoice Number:** Record Invoice number or a brief description.

**Invoice Date:** Record Invoice Date.

**Invoice Amount:** Record Invoice Amount.

**Accounting Date:** This field can be used to apply back a voucher to a previous accounting period. For example, in the month of July, you want to apply a voucher back to June, you would record it as 06/30/2023.

**1099 Reportable:** Check the "Y" box if the voucher is 1099 Reportable and the "N" box if the voucher is not 1099 Reportable.

**Withholding (W/H) Type/Class:** If you check "Y" above, you need to report the withholding type/class. They are as follows:

<b>1099G Withholding Type</b> <ul style="list-style-type: none"><li>• 06 - Taxable Grants Withholding Class</li><li>• 07 - Agriculture Payments Withholding Class</li></ul>	<b>1099N Withholding Type</b> <ul style="list-style-type: none"><li>• 01 - 1099 Non-employee Compensation Withholding Class</li></ul>
<b>1099M Withholding Type</b> <ul style="list-style-type: none"><li>• 01 - Rents Withholding Class</li><li>• 03 - Prizes, Awards, etc. Withholding Class</li><li>• 10 - Gross Attorney Proceeds Withholding Class</li></ul>	<b>1099S Withholding Type</b> <ul style="list-style-type: none"><li>• 02 - Gross Proceeds Withholding Class</li></ul>

**Amount:** Record amount.

**Dept:** Dept ID is a 4-digit field.

**Account:** This is a 6-digit field. You can retrieve a listing of account codes on the OMB website: [Account Codes](#)

**Fund:** Record the Fund you want the expenditure to be paid out of.

**Operating Unit:** This is a 3-digit field. Usually this will be the first 3 digits of your Business Unit. If you are charging something that is **non-appropriated**, you should use 901 as your suspense operating unit.

**Class:** This is a 5-digit field. Remember if the expenditure is **not** tied to an appropriation, you should be using 90170, which is a suspense line item.

**Project, Activity, Resource Type, Resource Category:** Enter Project information.

**Preparer Name, Date:** Enter Name of Person Completing the form. To be in compliance with [internal control guidelines](#), the Preparer needs to be a separate individual from the Authorized Representative.

**Acknowledgment Section (Signature, Date):** Have an Authorized Representative sign and date the form.