

This form can be accessed at:

[http://www-admn.csun.edu/acctpay/forms/disbursement\\_voucher.htm](http://www-admn.csun.edu/acctpay/forms/disbursement_voucher.htm)



Accounts Payable Forms

Accounts Payable  
Tel No (818) 677-3472  
Fax No: (818) 677-4581  
Mail Drop: 8202

Today's date is:

Disbursement Voucher

DEPARTMENT:

DIVISION:

LOCATION:

DATE:

**CSUN**

**NORTHRIDGE**

REQUIRED FIELDS:

ACCOUNT:

FUND:

DEPT ID:

PRGM:

CLASS:

PROJECT/GRANT:

REQ #:

Quantity:

Item:

Unit Price:

Amount:

**Paid By Revolving Fund:**

Subtotal:

Check No:

Sales Tax:

Date:

**Total:**

*Employee Signature:*

\_\_\_\_\_

Date: \_\_\_\_\_

*Financial Mgr. Signature:*

\_\_\_\_\_

Date: \_\_\_\_\_

Receipt of the total amount shown is hereby acknowledged:

Vendor Name:

*Vendor Authorized*

*Representative Signature:*

\_\_\_\_\_

Optional Use: (Comments, etc.)