

Invoice Approval	
Voucher Preparation Form	
Departmental Section Invoice Approval	Business Services Use Only
*Required Information by the Department *Account Number _____ *Purchase Order Number _____ *Date Invoice Received (date received by Tarleton) _____ *Date Goods/Service Received (date received on Campus) _____ *Amount approved to pay _____ Comments: _____ _____ _____ _____	Account Number _____ Code _____ Amount _____ Code _____ Amount _____ Code _____ Amount _____ Code _____ Amount _____ Code _____ Amount _____ Liquidation: P F N Freight Allowed: Yes No Date _____ Initials _____ Voucher # _____ Notes: _____ _____ _____ _____ _____ _____
Agency Certification - Departmental Approval I certify that the above services were rendered or goods received; that they correspond in every particular with the contract under which they were procured; that the invoice is true and unpaid; and that claim was presented to the State within the acceptable limitation period.	Approved By Business Services date: _____ Name and Title _____ Name and Title _____
Date Approved for Payment by Dept: _____ Name and Title _____ Name and Title _____	Approved By Business Services date: _____ Name and Title _____ Name and Title _____

Original Signatures Required