Invoice Control Document

WICHITA STATE UNIVERSITY
OFFICE OF PURCHASING

Invoice No.	
Date:	①
Org Name:	②
(Dept.)	
Vendor ID:	③
Vendor Name:	
Contract No.	④

Purchasing Approval
____ __/__/__
Approved by: Date:

Research Accounting Approval
____ __/__/__
Approved by: Date

Special Instructions: ⑥

If this is a reimbursement for expenses, payee must sign here:
⑤

COA	Year	Index	Fund	Orgn	Acct	Prog	Activ	Locn	Project	Amount
			⑦	⑧	⑨					⑩

Total: (11) $0.00

Quantity	Measure	Description	Unit Price	Amount
(12a.)	(12b.)		(12c.)	(12d.) $0.00
				$0.00
				$0.00
				$0.00
				$0.00
				$0.00
				$0.00
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