



Eastern Oregon University  
**INVOICE VOUCHER**

Mailed Cashier  
 Direct Deposit

Banner Document Number

**VENDOR OR CLAIMANT (Check is to be payable to)**

Name: Address:  Phone:	ID:  Invoice Date:  Due Date:
---------------------------------	---

DATE	DESCRIPTION	AMOUNT
<b>Total</b>		

Index	Account	Amount

**EOU DEPARTMENT INSTRUCTIONS**

*INSTRUCTIONS TO DEPARTMENT: Submit this form to claim payment for materials, merchandise or services, where invoices are not available. Show complete detail for each item, and attach appropriate receipts.*

Preparer's Name: \_\_\_\_\_

Dept: \_\_\_\_\_

Phone: \_\_\_\_\_

Explanation of no invoice: \_\_\_\_\_

DEPARTMENT APPROVAL	DATE

Return completed form to Accounts Payable, Inlow Hall 208