

PAYMENT VOUCHER

CITY OF ALEXANDRIA, VIRGINIA

VENDOR NUMBER

PREPARATION DATE

VOUCHER NUMBER

VENDOR ADDRESS

TERMS (OPTIONAL)

ENTER SPECIAL REQUESTS, ACTIONS, OR NOTES HERE

SELECT A DEPARTMENT	

CERTIFICATION BY DEPARTMENT HEAD

I certify that the items or services listed hereon have been received, that payment has not previously been made, that the attached invoice is an original invoice, and that this expenditure is a proper charge as indicated in conformance with all City Purchasing Ordinances and Regulations.

DEPARTMENT HEAD	DATE		
DESCRIPTION	INVOIC	CE # INVOICE D	ATE TOTAL PRICE
		TOTAL	

ORG OBJ PROJECT AMOUNT TOTAL ALLOCATIONS