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

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

(5)

Special Instructions:

(6)

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

Total: (11) $0.00

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