



BOWIE STATE UNIVERSITY

EXPENSE VOUCHER

(See instructions that follow)

AP Use Only

Voucher ID:

Current Date

Date Check Needed

Vendor Information:

Vendor ID # University Employee University Student

Invoice Date

Payable To

Invoice Number / Expense Reference

(18 characters or less)

Street Address

Apartment/Room No.

City State Zip

Country Country

Total Amount

Social Security # 1099 Vendor Y/N

OR Federal ID #

STIPENDS are 1099 reportable

Handling:

- US Mail
- US Mail w/attachment
- Pickup

Line Information:

PURPOSE OF EXPENDITURE (Line Description)	AMOUNT	ACCOUNT	FUND	DEPARTMENT	PROGRAM	CLASS	GRANT/PROJECT
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
TOTAL AMOUNT	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

ORIGINAL INVOICE AND/OR OTHER SUPPORTING DOCUMENTATION MUST BE ATTACHED IN ORDER FOR A CHECK TO BE ISSUED. A SEPARATE EXPENSE VOUCHER MUST BE SUBMITTED FOR EACH INVOICE. THIS FORM MAY NOT BE USED TO REQUEST AN ADVANCE OR TRAVEL REIMBURSEMENT. COMPLETE AN EXPENSE VOUCHER TO REQUEST PAYMENT FOR THE FOLLOWING ONLY: STIPENDS, THIRD-PARTY REFUNDS (BOWIE CARD REFUNDS)

PURPOSE OF EXPENDITURE:

<input type="text"/>
<input type="text"/>
<input type="text"/>

REQUESTOR (PLEASE PRINT) _____ DATE _____

APPROVAL SIGNATURE _____ EXTENSION / DATE _____

DEPARTMENT NAME _____ EXTENSION _____

LOCATION (BUILDING AND ROOM NUMBER) _____

APY #001 10/01 SEND: ORIGINAL TO ACCOUNTS PAYABLE DEPARTMENT RETAIN: A COPY FOR YOUR FILES

EXPENSE VOUCHER INSTRUCTIONS

Current Date: Enter the date on which you complete this form.

Date Check Needed: Allow up to 10 working days after the receipt of the request by Accounts Payable for BSU-AP processing and Annapolis check issue.

Vendor Information: Complete the applicable components

Invoice Date: Indicate the date the vendor's invoice was issued.

Invoice Number: Indicate the vendor's invoice number (will appear on check stub). If no invoice is required, use the current date (MMDDYYYY) and the first three letters of the vendor's name as the invoice number.

Total Amount: Provide the total dollar amount of the vendor's invoice.

Payable To: First name, middle initial, and last name of the payee.

Address: Street address, apartment or room number, city, state, and zip code.

Social Security Number/Federal ID Number: The Social Security # or Federal Identification # must be provided.

1099 Vendor: Check this box if any one, or all, of the transaction lines are subject to 1099 reporting under IRS rules. **STIPENDS are 1099 reportable**

Handling: Select the applicable handling method. **Check Pick Up for checks to return to BSU-AP**

Line Information: The accounting distribution of the payment may be split into several lines if necessary. Please enter the following information for each distribution line.

Purpose of Expenditure: Enter a brief description of the purpose for each expenditure being charged.

Amount: Provide the dollar amount of the distribution line item.

Account: Provide the account code (Legacy Subcode) to be charged for the line item.

Fund and Department: Provide the department to be charged for the line item and its applicable fund code.

Program: Enter applicable Program (Specific to the charge Department) Note: Department rolls up to Program

Class: Enter applicable Class (Legacy Object) Note: Account Code rolls up to Class

Total Amount: Calculate the total dollar amount for all line items and verify that the total agrees with the gross amount in the header.

Grant/Project: Required when charging to a specific Grant (when using Fund 43)

Purpose of Expenditure: Explain the expenditure and attach an invoice, original receipts, or other supporting documentation. The voucher will not be processed without the proper documentation.

Requestor: Legibly print your name, telephone extension, department name, campus building, and room number.

Approval Signature: Obtain the signature and telephone extension of your department head or budget officer.

Send: Send the form with original supporting documentation to Accounts Payable. Retain a copy for your files.

Note: BSU Authorized REQUESTERS and/or REQ APPROVERS can view the status of a Expense Voucher/Payment via Peoplesoft Voucher inquiry panels.

Navigation: GO - Administer Procurement - Enter Voucher Information / Inquire - Voucher - Voucher inquiry. Search by Invoice number or vendor name (Payee).