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5(48(67)25 3\$<0(17

COMPANY NAME _____
 ADDRESS _____
 CITY/STATE/ZIP CODE _____

DATE _____

QUANTITY	DESCRIPTION	UNIT COST	TOTAL COST
			\$
		SUB-TOTAL	\$
		SALE TAX	
		SHIPPING	
		TOTAL	\$

	services specified in this claim are necessary; that the articles have been delivered or the services have been performed by the vendor.		
_____ _____ NVC DAS Chair or Vice-Chair (2 signatures required only if over \$1,001.00)	_____ _____ DAS Budget Center Manager		

BUDGET CODES

FUND	ACTIVITY	PROGRAM	OBJECT OF EXPENDITURE	BUDGET CENTER/LOC	AMOUNT
;;	;;;;;	;;;;	;;;;;	;;;;	\$
_____	_____	_____	_____	_____	\$
_____	_____	_____	_____	_____	\$
_____	_____	_____	_____	_____	\$
_____	_____	_____	_____	_____	\$

(For Business & Finance Office Use Only)

APPROVED:

VERIFIED BY:
