

ST. FRANCIS XAVIER UNIVERSTIY
ACCOUNTS PAYABLE VOUCHER

PAYEE: _____

ADDRESS: _____

DATE: _____

EXPLANATION: _____

AMOUNT: _____

GL ACCOUNT(S): _____

APPROVED: _____

FOR OFFICE USE ONLY:			
APPROVED	POSTED	AUDITED	
TERMS	PEID#		
DISTRIBUTION:			

PLEASE RETURN CHEQUE TO: _____