

# INTERFUND VOUCHER

Paying Agency: \_\_\_\_\_

Agency No.	Div. No.	Current Doc. No.
		<b>V</b>

Document Date: \_\_\_\_\_ Effective Date: \_\_\_\_\_

Receiving Agency Information	
No/Sfx	683000000 - 00
Name	Control and Reporting Valerie Warren X85333

Paying Agency Name & Address
Wichita State University - 715000000-00 Janet Wetta - (316) 978-3661 1845 Fairmount Wichita, KS 67208

Date & Invoice Number	Quantity	Unit	Description of Material or Service	Unit Price	Amount
9876 05/04/2000	5	ea	copies of maps for classroom used	2.50	\$ 12.50
<b>Document Total</b>					<b>\$ 12.50</b>

<b>AGENCY APPROVALS:</b>	<b>AGENCY PAYMENT CERTIFICATION:</b>
	_____ Agency Authorized Signature
	_____ Date

Receiving Agency:												Agency No.	Div. No.	Current Doc. No.
												<b>683</b>		<b>S</b>
Sfx	T/C	Reference Doc.	Sfx	M	Fund	BFY	Index	PCA	Sub-Obj	Det	Amount			
01					2551	00	2600	51650	6211		12.50			
Vendor No.	Sfx	Description	Agency Use									Amount		
			RFF01030											
Sfx	T/C	Reference Doc.	Sfx	M	Fund	BFY	Index	PCA	Sub-Obj	Det	Amount			
02														
Vendor No.	Sfx	Description	Agency Use									Amount		
Sfx	T/C	Reference Doc.	Sfx	M	Fund	BFY	Index	PCA	Sub-Obj	Det	Amount			
03														
Vendor No.	Sfx	Description	Agency Use									Document Total		
												<b>\$ 12.50</b>		

Agency Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

An Equal Opportunity Employer