

**DURHAM TECHNICAL COMMUNITY COLLEGE
INVOICE APPROVAL FORM**

This Document is for Internal Use Only - Do Not Send to Vendor

VENDOR NAME: _____ VENDOR #: _____
PO NUMBER: _____
ADDRESS: _____
PO BOX: _____
CITY: _____ STATE: _____ ZIP: _____

<u>GL ACCOUNT CODE</u>	<u>INVOICE AMOUNT</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
TOTAL INVOICE AMOUNT:	
_____	_____

<u>INVOICE NUMBER</u>	<u>INVOICE DATE</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

APPROVED BY: _____ DATE: _____

FINANCE APPROVAL: _____ DATE: _____

BUSINESS OFFICE USE

Commodity Code: _____ Pay By: ACH Check

Please email your completed form to accountspayable@durhamtech.edu for processing.