

Voucher for payment
 other than Purchase Order
 CONTRACTUAL, COMMODITIES
 MISSISSIPPI STATE UNIVERSITY

No. 607

PAYEE NAME AND ADDRESS	DATE
TAX IDENTIFICATION NUMBER SOCIAL SECURITY OR EMPLOYER IDENTIFICATION	

QUANTITY	DESCRIPTION	TOTAL PRICE

**PLEASE DO NOT USE THIS AREA
 FOR ACCOUNT DISTRIBUTION.**

**FILL OUT AND ATTACH THE NEW
 BANNER ACCOUNT DISTRIBUTION
 FORM B-1.**

RECEIVING SIGNATURE		DATE
* AUTHORIZING SIGNATURE (Department Head or Administrator)		DATE
PROCUREMENT AND CONTRACTS		DATE
PROCESSING SIGNATURE		DATE
		VOUCHER NO.
	SPEC CODE	MAFES NCES

DEPARTMENT

ORIGINAL to Comptroller/PHOTO COPY to Departmental File
 *A Department Head/Administrator CANNOT approve their own reimbursement. Approval must be next higher Administrator.