

**HAMPTON UNIVERSITY
PAYMENT VOUCHER
Purchases under \$5,000.00**

Amount: _____ Date: _____

Vendor Name: _____ Vendor _____
 _____ Existing _____ New

Department/Unit Approved By:		
Requestor Name:		
	Name	Signature
Department/Unit Head:		
	Name	Signature
Grants Management Approval		
for grants funds:		
		Signature
If Technology, CIT approval:		
		Signature

	Department/Unit complete	Business Office/Grants Management Validation	
Index Number:			
Fund Number:			
Orgn Number:			
Account Code:			
Program Number:			

Description of Goods/ Services:

Please make sure you attach your quote

Business Office:	
Approval Reference No:	_____
Approved By:	_____
Date:	_____