

**STATE OF WYOMING  
PAYMENT VOUCHER  
VENDOR SIGNATURE**

APPROVAL:  
DOCUMENT APPROVAL \_\_\_\_\_  
SCREEN APPROVAL \_\_\_\_\_  
DATE APPROVED \_\_\_\_\_

BATCH ID: TRAN AGENCY ID NUMBER  
[ ] [ ] [ ]

DOCUMENT ID: GAX [ ] [ ] [ ] BFY: [ ]

DATE: MM DD YY  
[ ] [ ] [ ]

**VENDOR CLAIMANT INFORMATION**

VENDOR NUMBER: VC [ ] [ ]

VENDOR NAME: \_\_\_\_\_

VENDOR ADDRESS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

CITY STATE ZIP+4

**IMPORTANT INSTRUCTIONS TO VENDOR**

1. Payment cannot be made until this voucher is completed. Claims for payment must be fully itemized as to date and a complete description of goods/services provided.
2. Claimant must sign in ink under vendor certification.
3. Fill out in triplicate and return signed/completed original and one copy to applicable agency.
4. The invoice number will print on your warrant remittance advice. A copy of the payment voucher will not be returned.
5. THE STATE OF WYOMING IS TAX EXEMPT - 830208667

**GOODS DELIVERED/SERVICES PERFORMED AT:**

**RETURN PAYMENT VOUCHER TO:**

PURCHASE DATE	VENDOR INVOICE NUMBER	DESCRIPTION OF GOODS OR SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
PAYMENT VOUCHER CONTINUATION SHEET WOLFS-102A ATTACHED.						

Time in connection with discount offered will be computed from the date of delivery or from date correct bill submitted on this form by vendor is received, whichever is later.

Vendor Discount Terms

TOTAL TO PAY

-

The Vendor certifies that no form of discrimination because of race, creed, color, sex, national origin or for any other reasons exist in the performance of the authorized services.

**VENDOR CERTIFICATION**

I certify, under penalty of perjury, that each item included in this voucher is correct, that the voucher contains no incorrect information, and that I have not previously received payment for any item listed on this voucher.

Dated: \_\_\_\_\_

Claimant Signature in Ink, and Title

**AGENCY AUTHORIZED USE ONLY**

LINE NO	EVENT TYPE	LINE DESCRIPTION	LINE AMOUNT	BY	FY	VENDOR INVOICE	INVOICE LINE				
01											
INVOICE DATE	CHECK DESCRIPTION	REFEREN	DOC CODE	DOC DEPT	DOCUMENT ID	VNDR LINE	COM LINE	ACCT LINE	REF TYPE		
FUND	DEPT	UNIT	APPR UNIT	OBJ/ REV	SUB OBJ	REV	FUNCTION	PROGRAM	PHASE	PROG PERIOD	B/S ACCT

LINE NO	EVENT TYPE	LINE DESCRIPTION	LINE AMOUNT	BY	FY	VENDOR INVOICE	INVOICE LINE				
02											
INVOICE DATE	CHECK DESCRIPTION	REFEREN	DOC CODE	DOC DEPT	DOCUMENT ID	VNDR LINE	COM LINE	ACCT LINE	REF TYPE		
FUND	DEPT	UNIT	APPR UNIT	OBJ/ REV	SUB OBJ	REV	FUNCTION	PROGRAM	PHASE	PROG PERIOD	B/S ACCT

CONTINUATION CODING SHEET WOLFS-112 ATTACHED

**PAYMENT VOUCHER APPROVAL**

I certify that this voucher and the items included herein for payment are correct and just in all respects;

By: \_\_\_\_\_ Date \_\_\_\_\_  
AGENCY APPROVAL

and that this voucher is approved for payment.

By: \_\_\_\_\_ Date \_\_\_\_\_  
AGENCY DIRECTOR / DESIGNEE APPROVAL

**AGENCY OPTIONAL USE**

Approval #1 \_\_\_\_\_  
Approval #2 \_\_\_\_\_  
Approval #3 \_\_\_\_\_  
Date Accepted \_\_\_\_\_



