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CURRENT DATE:

Name of Vendor/Employee:

Street Address:

City, State, Zip:

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TOTAL

Authorized Signature: _____

Name _____ EXT: _____

Authorized Signer is certifying that he/she is authorized on the Chargefield combinations, and the charge is an appropriate expense within college policies.

Please attach all supporting documentation v Œ š μ Œ v š } μ v š • W Ç o U K - <