

**STATE OF WYOMING
PAYMENT VOUCHER
VENDOR SIGNATURE**

APPROVAL:
DOCUMENT APPROVAL _____
SCREEN APPROVAL _____
DATE APPROVED _____

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

DOCUMENT ID: GAX 010 [] [] [] 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:

Wyoming Department of Agriculture
Attn: Michelle MacDonald
2219 Carey Ave.
Cheyenne, WY 82001

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 _____