

Arkansas State University Direct Pay Invoice Cover Sheet

Date: _____ **Invoice Document #:** _____
Dept: _____ **Vendor ID:** _____
Contact: _____ **Vendor Name:** _____
Vendor Address: _____

	Invoice Date	Invoice #	Fund	Orgn	Acct	Prog	Amount
1							
2							
3							
4							
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20							

Originator

Dept Head