



STATE OF OHIO – OFFICE OF BUDGET & MANAGEMENT

30 E. BROAD STREET, 34th FLOOR
 COLUMBUS, OHIO 43215 - 3457
<http://www.obm.ohio.gov/>

REGULAR VOUCHER FORM

Invoice Information:				
Business Unit:		Voucher ID: Next		
Voucher Style: Regular		Vendor ID:		
Vendor Name:				
Invoice Number:		Invoice Date (m/d/yy):		
Gross Amount:				
Last Receipt Date (m/d/yy):				
Vendor Address:				
Pay Terms (select one): <input type="checkbox"/> 2/10 Net 30 <input type="checkbox"/> Net 30 <input type="checkbox"/> Due Now				
Payment Information		Location Code:	Address Code:	Handling (RA/RE):
Purchase Order Number:				
Purchase Order Date:		Distribute by: Amount		
<i>Line 1</i>				
Amount:	GL Unit: State	Fund:	Account:	ALI:
Department:	Program:	Grant/Prj:	Project:	
<i>(Agency Optional Fields)</i>				
Service Location:	Reporting:	Agency Use:		
<i>Line 2</i>				
Amount:	GL Unit: State	Fund:	Account:	ALI:
Department:	Program:	Grant/Prj:	Project:	
<i>(Agency Optional Fields)</i>				
Service Location:	Reporting:	Agency Use:		
<i>Line 3</i>				
Amount:	GL Unit: State	Fund:	Account:	ALI:
Department:	Program:	Grant/Prj:	Project:	
<i>(Agency Optional Fields)</i>				
Service Location:	Reporting:	Agency Use:		
Signature: _____				
Title: _____				
Telephone Number: _____				

If sending to OBM State Accounting for entry, attach supporting documentation regardless of account codes.