



VENDOR NUMBER

[Empty box for Vendor Number]

VENDOR NAME & ADDRESS

[Empty box for Vendor Name & Address]

INVOICE NUMBER [ ]

INVOICE AMOUNT: \_\_\_\_\_

INVOICE DATE: \_\_\_\_\_

G/L DATE: \_\_\_\_\_

DEPARTMENT NO. [ ]

APPROVED BY: \_\_\_\_\_ DATE YOU WANT THIS PAID: \_\_\_\_\_

**COST DISTRIBUTION**

ACCOUNT NO. \_\_\_\_\_ AMOUNT: \_\_\_\_\_

REMARK: \_\_\_\_\_

ACCOUNT NO. \_\_\_\_\_ AMOUNT: \_\_\_\_\_

REMARK: \_\_\_\_\_

ACCOUNT NO. \_\_\_\_\_ AMOUNT: \_\_\_\_\_

REMARK: \_\_\_\_\_

ACCOUNT NO. \_\_\_\_\_ AMOUNT: \_\_\_\_\_

REMARK: \_\_\_\_\_

ACCOUNT NO. \_\_\_\_\_ AMOUNT: \_\_\_\_\_

REMARK: \_\_\_\_\_

ACCOUNT NO. \_\_\_\_\_ AMOUNT: \_\_\_\_\_

REMARK: \_\_\_\_\_

ACCOUNT NO. \_\_\_\_\_ AMOUNT: \_\_\_\_\_

REMARK: \_\_\_\_\_

DATE ENTERED \_\_\_\_\_ BY: \_\_\_\_\_ TOTAL =====

**RECEIVED GOODS REPORT & PAYMENT AUTHORIZATION — W.M.A.T.**