FAAINVE

NORTHWESTERN STATE UNIVERSITY
PHYSICAL PLANT CONTROL CENTER
DIRECT PAY VOUCHER CONTINUATION

Page _____ of _____

Date Prepared _____

Vendor Invoice Date	Vendor Invoice Number	Description		Vendor Invoice Amount	Index	Fund	Org	Account	Prg
		WO/SO Number	Services or Products						
			Vendor Invoice(s) Total						

Rev. 8/15