Print Form

SOUTH CAROLINA STATE UNIVERSITY

Office of Procurement Services

DIRECT PURCHASE VOUCHER (DPV)

		EXEMPTION #
VENDOR NAME	**FED. I.D. or SS#**	

NOTE: FED I.D. # or Social Security Numbers are required on all Direct Purchase Vouchers (DPV's) payments

VENDOR ADDRESS 1	**Phone Number**

VENDOR ADDRESS 2

CITY	**STATE/ZIP CODE**

(Required)			(Required)			
Index #	**Fund #**	**Organization**	**Account #**	**Program #**	**Description**	**Amount**
						$

APPROVALS

I CERTIFY THAT THE:

- ***Price is fair and reasonable for the goods/services purchased***
- ***Amount indicated above is correct and approved for payment***
- ***Original invoice is attached. (Invoices more than 30 days old must have written justification from department head/dean)***

_____	_____	_____
Print/Type Name of Requestor	***Signature***	***Date***
_____	_____	_____
Print/Type Name of Dept. Head/Dean	***Signature***	***Date***

For Official Use Only (Accounts Payable)

Prepared By: _____ 1099/1042 Code: _____

Audited By:_____ Hold Payment:_____