



The University of Michigan
Financial Operations
Lump Sum Advance Voucher

Custodian _____ EMPLID _____

Home Address _____

City _____ State _____ Zip _____

Expenditures vouchered herewith, in accordance with the Lump Sum Advance Request, as listed on the Detail of Expenditures.

Amount of this voucher (receipts attached)	\$	_____
Plus total amounts previously vouchered	+	_____
Less total amount advanced (enter as a negative number)	-	_____
Balance to be vouchered	\$	_____ -

Check here if final voucher. Balance is amount due: to / from custodian.

ChartField combination to be charged:

Account (6)	Shortcode (6)	Fund (5)	DeptID (6)	Program (5)	Class (5)	Project/Grant

I hereby certify that this claim is correct and reimbursable under the guidelines for the specified ChartField combination and reimbursement has not been, and will not be, obtained from any other source.

Custodian Signature _____ Date _____
Signature Please print name here

Authorizing Signatures:

Project Director or Department Chair _____ Date _____
Signature Please print name here

Dean Signature _____ Date _____
(if required) Signature Please print name here

