

Voucher Checklist

1. Enter the document ID (invoice) number. For contract payments, enter the service PO number. Remember to pay extra attention at the beginning of the fiscal year – most contract and service PO numbers change in July.
2. Enter the date of the invoice.
3. Enter the vendor number. This is an eight digit number assigned to the vendor when they are set up in the state's accounting system. If you do not have this number any AP staff can get that for you.
4. Enter the contract number if applicable.
5. Enter the lines of coding – do not forget pertinent things (if applicable) such as grant year (9th digit), budget year (8th digit) or 3rd digit indicators such as a “c” for carryover, “s” for special.
6. Don't forget to split your 1000/2003 lines with the appropriate percentages. 50/50, 21.3/78.7, 31.25/68.75 etc...
7. Enter your description or justification – this will be the message entered into the accounting system remit message which prints on the check. If you are making a contract
8. Payment the message must begin with the contract number. Include Invoice and/or account number if available.
9. Finally, prior to signing the voucher please verify all information including the validity of the invoice is accurate.
10. Make copies of voucher and invoice.

**STATE OF SOUTH DAKOTA VOUCHER
DEPARTMENT OF HUMAN SERVICES**

NON-CASH CASH TRANSFER EXPEND CORR REVENUE CORR CASH RECEIPT DIRECT
XXX

AGENCY ENTRY INFORMATION
 APPLICATION DOCUMENT #1 DATE: 09/02/08 #2 VENDOR # 12155417 #3
 AREA: 74 ID NUMBER: 09S C195041- CONTRACT # 09-1900-066 #4

TO: (PAYEE, BILLED AGENCY) BROKENLEG, KAREN E
 1718 S 9TH AVE
 SIOUX FALLS SD 57106-2112

FROM: (DEPARTMENT, BILLING AGENCY) DEPARTMENT OF HUMAN SERVICES
 HILLSVIEW PLAZA, 3800 EAST HIGHWAY 34
 C/O 500 EAST CAPITOL
 PIERRE, SD 57301-6070

LINE NO	COMPANY	ACCOUNT REQUIRED	CENTER REQUIRED	CENTER USER	AMOUNT FOR EACH LINE	CODE DR OR CR
1	2003	520408007	1970150	130	161.05	DR
2	1000	520408008	1950010	142	21.39	DR
3	2003	520408008	1950010	142	78.79	DR

TOTAL OF VOUCHER 644.20

DESCRIPTION / JUSTIFICATION:

Cont 09-1900-066 Presenter Fee, Travel & Per Diem 8/25-26/08 644.20

I declare and affirm under the penalties of perjury that this claim has been examined by me, and to the best of my knowledge and belief, is in all things true and correct. I further agree to comply with the provisions of the Civil Rights Act of 1964 and regulations issued.

CLAIMANT _____ DATE _____ AUTHORIZATION _____ DATE 09/23/2009

_____ _____ AUTHORIZATION _____ DATE _____