



## Payment Voucher

UMASS Worcester

Date

May 11, 2018

Vendor Name

**Print your Full Name**

US Citizen?  Y  N

Check one

Required if payee is an individual

Vendor Address

**Same Address as W9  
City, State and Zip code**

Invoice #

Dates of Service

May 27th - August 4th, 2018

PO / Contract #

Description

Stipends for SURE CSURP Participants  
Home Checks to Linhelle P. Charles  
\*\*Payable May 21, 2018 Payment 1 of 3\*\*

Total Amount

\$1,000.00

**Full Signature**

Vendor Signature \*

Date

\*Required if no p.o. or Contract

Fund	51453			
Dept ID	W409817400			
Program	A01			
Class				
Project/Grant				
Speed-Type	125995			
Account	757150	Code 3		
Amount	\$ 1,000.00			

Prepared By - Signature

Date

Dept Head / PI - Signature

Date