Imprest Reimbursement Form

University of Massachusetts Lowell

VENDOR NUMBER (10) VENDOR NAME (20)	LOC (3)	INV. DATE (10)	INVOICE NUMBER (30) IMPREST CHECK NUMBER (30)	PAYMENT AMOUNT (10.2)	ACCOUNT (6) FUND (5)	DEPT ID (10) PRG (3)	PRJ/GRT (15)	1099 (Y/N) (1)	VOUCHER No. (8)

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