



University of  
Massachusetts

### Journal Voucher Form

Journal Voucher ID:

Date:

Vendor Name:

Vendor ID:

Related Voucher:

Invoice Number:

Amount:

Description:

Account:

Fund:

Dept ID:

Program:

Class:

Project/Grant:

Reason:

Requestor's Signature:

Original Voucher Information	New Voucher Information
Credit	Debit
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

Entered By:

Date Entered: