GEORGETOWN UNIVERSITY

JOURNAL VOUCHER

Date
Source GAB
Reference No. NG
Operator ID

*Fiscal Year _____

LINE DESCRIPTION (21 characters available)	AMOUNT	DEBIT Account	DEBIT Fund	DEBIT Organization	DEBIT Sub-Class	CREDIT Account	CREDIT Fund	CREDIT Organization	CREDIT Sub-Class
TOTAL									

Signature: _____

Suprv. Approved (sig.): _____

Prepared By:

Department: Faculty Support & Campus Svcs.

*Fiscal Year - Required in July and August

Explanation of entries:

Location: GU Law Center - Rm 477

Date:

Ext: 662-9126

GAO #003

Send Original to GAO * Make a copy for your records

voucher.xls