

DISBURSEMENT VOUCHER

PREPARE IN DUPLICATE

STD. 439 (Rev. 10/2019)

DEPARTMENT		DIVISION		LOCATION		DATE		
QUANTITY		ITEM			UNIT PRICE		AMOUNT	
PAID BY REVOLVING FUND		DATE		<i>I hereby certify that the above goods and/or services were received by and necessary for use of the State of California and that quantity and quality are as indicated.</i>			SUBTOTAL	
CHECK NUMBER:							SALES TAX	
PROGRAM / CATEGORY (CODE AND TITLE)				EMPLOYEE			TOTAL	
								
FUND TITLE				APPROVED				
								
(OPTIONAL USE)					<i>Receipt of the total amount herein shown is hereby acknowledged.</i>			
ITEM					NAME OF FIRM			
OBJECT OF EXPENDITURE (CODE AND TITLE)					SIGNATURE OF AUTHORIZED REPRESENTATIVE			
								