

DISBURSEMENT VOUCHER

PREPARE IN DUPLICATE

STD. 439 (REV. 3/2002)

DEPARTMENT	DIVISION	LOCATION	DATE
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QUANTITY	ITEM	UNIT PRICE	AMOUNT

PAID BY REVOLVING FUND CHECK NUMBER:	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
			SALES TAX
PROGRAM / CATEGORY (CODE AND TITLE)	EMPLOYEE		TOTAL
FUND TITLE	APPROVED		

(OPTIONAL USE) ***Receipt of the total amount herein shown is hereby acknowledged.***

ITEM	NAME OF FIRM
OBJECT OF EXPENDITURE (CODE AND TITLE)	SIGNATURE OF AUTHORIZED REPRESENTATIVE 