



Financial
Management Services

DISBURSEMENT VOUCHER PAYEE CERTIFICATION

I hereby certify that the information relating to **FIS (TP) Document Number** _____ requesting payment for expenses is just and correct. I certify that all charges and/or reimbursements pertain to Indiana University business, that the amount is legally due after allowing all just credits and that no part of the same has previously been paid or will be paid by another source.

Amount of payment: \$ _____

Payee Signature (original signature required) Date

Fiscal Officer Signature

Poplars Building
Room 532
Bloomington, Indiana
47402-4040

812-856-5872
Fax: 812-856-4452