

DISBURSEMENT VOUCHER

PREPARE IN DUPLICATE

STD 439 (REV 4-84)

DEPARTMENT	DIVISION	LOCATION	DATE
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
PROGRAM/CATEGORY (CODE AND TITLE)	EMPLOYEE		SALES TAX 0.00
FUND TITLE	APPROVED		TOTAL
(OPTIONAL USE)	<i>Receipt of the total amount herein shown is hereby acknowledged.</i>		
	Vendor:		
OBJECT OF EXPENDITURE (CODE AND TITLE)	SIGNATURE OF AUTHORIZED REPRESENTATIVE		