

CENTRAL MICHIGAN UNIVERSITY
MOUNT PLEASANT, MICHIGAN 48859
INVOICE VOUCHER

P.O. NO. _____

ACCOUNTING USE ONLY

VENDOR NUMBER

TERMS

INVOICE/DOC #

INVOICE/DOC DATE

Vendor Name: **ASCAP**

Vendor Address: **2690 Cumberland Parkway, Suite 490
Atlanta, GA 30339-3913**

Fed ID No (SSA or EIN): _____

Res./Non-Res. Alien (Y/N): _____

VENDOR'S CERTIFICATION	
I hereby certify that items listed below are proper charges against CENTRAL MICHIGAN UNIVERSITY.	
Vendor	_____
By	_____
Vendor must sign in ink.	

ITEM #	QTY	UNIT	DESCRIPTION	UNIT PRICE	AMOUNT
			Please process check for ASCAP License fee for the 2001-2002 academic year.		3,902.63
			When check is ready, call Nancy Fox @ 7062 for pick up.		

DO NOT USE THIS FORM FOR EMPLOYEE EXPENSE REIMBURSEMENTS
(USE THE EMPLOYEE REIMBURSEMENT VOUCHER FORM)

VENDOR TOG NOT WRITE BELOW THIS LINE					3,902.63
APPROVAL, SEE ABOVE FOR CHECK NO FOR PAYMENT					TOTAL
DEPARTMENT COMPLETE →	X	<i>[Signature]</i>	X		
	X	COST CENTER DIRECTOR	DATE	10/18/01	

COST CENTER NAME	COST CENTER #	INTERNAL ORDER #	GL ACCOUNT	AMOUNT	DESCRIPTION/COMMENT	DISCOUNT
Lic.Fees	24606		750700	53,902.63	ASCAP Lic.01-02 acad. yr.	
ACCOUNTING USE ONLY						MANUAL CHECK