

CENTRAL MICHIGAN UNIVERSITY  
MOUNT PLEASANT, MICHIGAN 48859  
**INVOICE VOUCHER**

P.O. NO. \_\_\_\_\_

ACCOUNTING USE ONLY

**VENDOR NUMBER**  
552

**TERMS**

**INVOICE/DOC #**  
SL1643\*\*

**INVOICE/DOC DATE**  
12-20-00

Vendor Name: **ASCAP**

Vendor Address: **21678 Network Place**

**Chicago, IL 60673-1216**

Fed ID No (SSN 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.

**PAID**  
Processed by **CJS**  
Vendor # **552**  
By **1-18-01**  
Date **19-167930**  
Doc # **19-7127939**  
Vendor must sign in ink.

ITEM #	QTY	UNIT	DESCRIPTION	UNIT PRICE	AMOUNT
			<b>Please process check for ASCAP License fee for the period of 1/1/01 - 12/31/01</b>		<b>264.00</b>
			<b>When check is ready, call Nancy Fox @ 7062 for pick up.</b>		

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

**VENDOR - DO NOT WRITE BELOW THIS LINE** **264.00**

APPROVE THE ABOVE DESCRIBED PAYMENT ADDITIONAL SIGNATURES AS REQUIRED

DEPARTMENT COMPLETE  *[Signature]* X  **TOTAL**

COST CENTER DIRECTOR  DATE **01/16/01**

COST CENTER NAME	COST CENTER #	INTERNAL ORDER #	GL ACCOUNT	AMOUNT	DESCRIPTION/COMMENT	DISCOUNT
Lic.Fees	24606		750700	\$264.00	ASCAP license: 1/01-12/01	

ACCOUNTING USE ONLY

MANUAL CHECK