

Signature of Witness (required):

Date:

		Fund Custodian:				
KENNESAW STATE UNIVERSITY		Department Name:				
NIVE	RSITY	Fund Date:				
		Contract Phone Number:				
Receipt or Invoice Number	Date of Expense	Vendor Name	Description / Signature for Cash Payments	Amount	Account Code	Speedchart
	ļ	<u> </u>	Total			
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			ubject to punishment by a fine of not more than \$1,000 or by imprisonment for not less than one			
statements are true and tha	tire described item	(s) is/are for institutional purposes only and	that reimbursement or payment has not been previously requested and/or paid by Kennesaw Stat requested and/or paid by any other source.	e oniversity an	u mat payment n	as not been
ignature of Custodian (required):						