

GENERAL JOURNAL VOUCHER

POST DATE: _____

CONTROL NUMBER:

REVERSE DATE: _____

JOURNAL ID: _____

LINE	ACCOUNT	COST CENTER/ PROJECT	DESCRIPTION	DEBIT	CREDIT
1					
2					
3					
4					
5					
6					
7					
8					
JOURNAL DESCRIPTION:				CONTROL TOTALS	

SAMPLE FORM

PREPARED BY: Print Name:	Signature:	Date:
APPROVED BY: Print Name:	Signature:	Date:

SAMPLE FORM

Please attach all supporting documents with general journal voucher form.