1. Use the DEV for payment of Subscriptions, dues, freight bills, etc. 2. Retain copy for department records. 3. Forward DEV direct from Requesting Department to Contract & Grant prior to sending to Purchasing Dept., if applicable. 4. Fill out back of DEV Contractual Services form, if applicable.

UNIVERSITY OF SOUTH CAROLINA

DIRECT EXPENDITURE VOUCHER

PC# _____

CC8 **2**

* _____
VENDOR'S NAME

_____
ADDRESS

_____
ADDRESS

_____
ADDRESS

***NOTE: EACH ADDRESS LINE IS LIMITED TO 28 SPACES.**

For Official Use Only

- ☐ Advance Payment
- ☐ Receipt of Goods/Services Verified
- ☐ Original Invoice Attached
- ☐ Extensions Checked
- ☐ Proper Discount Taken
- ☐ Use Tax Checked
- ☐ Purchasing Dept. Audit _____
- ☐ Controllers Office Audit _____

Send copy of
- ☐ DEV with check
- ☐ Attached with check

CC8 **3**

*Fed I.D. # or Social Security # required on all DEV's for payments a) in excess of $500 and b) regardless of amount, contractual services (class code 5207X) with completion of Contractual Services form (DEVCS).

CC9-32 CC49-56 DATE: _____

DEPARTMENT NUMBER	FUND	CLASS	ANALYTICAL	AMOUNT	DEPARTMENT NAME
					.

QUANTITY	UNIT	DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
				0.00
				0.00
				0.00
				0.00
				0.00
				0
				0
				0
				0
				0
				0

APPROVALS

I CERTIFY THAT THE AMOUNT INDICATED ABOVE IS CORRECT FOR SERVICES RENDERED AND IS HEREBY APPROVED FOR PAYMENT.

INITIATED BY _____ _____ _____
PHONE — CONTRACT AND GRANT ACCT.

DEPT.HEAD OR DEAN _____ _____
(SEE FORM DEVCS FOR INSTRUCTIONS FOR COMPLETION OF PAYMENTS FOR CONTRACTUAL SERVICES.) — DIRECTOR OF PURCHASING

BELOW THIS LINE FOR PURCHASING OFFICE USE ONLY

CC1-2 **P2** CC8 **1**

CC3-6 CC9-14 CC15-19 CC20-29 CC30-35

VOUCHER NUMBER	VOUCHER DATE	VENDOR NUMBER	INVOICE NUMBER	PAYABLE DATE

CC36-43 CC44-48 CC49-56 CC57-61 CC62

GROSS AMOUNT	DISCOUNT	NET AMOUNT	HAND CHECK NUMBER	"X" IF USE TAX APPLIES

1. Use the DEV for payment of Subscriptions, dues, freight bills, etc. 2. Retain copy for department records. 3. Forward DEV direct from Requesting Department to Contract & Grant prior to sending to Purchasing Dept., if applicable. 4. Fill out back of DEV Contractual Services form, if applicable.

UNIVERSITY OF SOUTH CAROLINA

DIRECT EXPENDITURE VOUCHER

PC# _____

CC8 **2**

* _____
VENDOR'S NAME

_____
ADDRESS

_____
ADDRESS

_____
ADDRESS

***NOTE: EACH ADDRESS LINE IS LIMITED TO 28 SPACES.**

For Official Use Only

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- ☐ Use Tax Checked
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Send copy of
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CC8 **3**

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CC9-32 CC49-56 DATE: _____

DEPARTMENT NUMBER	FUND	CLASS	ANALYTICAL	AMOUNT	DEPARTMENT NAME
					.

QUANTITY	UNIT	DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
				0.00
				0.00
				0.00
				0.00
				0.00
				0
				0
				0
				0
				0
				0

COPY

APPROVALS

I CERTIFY THAT THE AMOUNT INDICATED ABOVE IS CORRECT FOR SERVICES RENDERED AND IS HEREBY APPROVED FOR PAYMENT.

INITIATED BY _____ _____ _____
PHONE **CONTRACT AND GRANT ACCT.**

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