Clearing Non-Travel Advance (NTA) Procedures

A completed State of Texas voucher or a Multi-Payee Voucher must be completed by the department/person that received the NTA funds.

The voucher must contain the receiving individuals information in the primary vendor section; Prairie View A&M Unv. Treasury Services information is required in the alternate vendor section.

The completed and signed voucher must be turned in to Accounts Payable, along with all of the original receipts that pertain to the purchase/s made with the advanced funds.

The voucher is reviewed for completeness, accuracy and applicable signatures, by an A/P Specialist.

The receipts are reviewed for applicable charges according to the purpose of the purchase as referenced on the purchase order.

Any receipts or receipt line items that are deemed as not applicable to the purpose of the purchase as referenced on the purchase order are deducted from the total amount of the receipts provided.

cashiers receipts reflecting residual funds returned to the Treasury Services department are not to be factored/calculated into the receipts total.

An A/P Specialist or designee will enter the voucher information along with the verified receipt totals are entered into the 340 series FAMIS screens, receiving information is entered into the 320 screen series; a voucher number is obtained and written in the upper right corner of the first page of the paperwork.

If the receipts total is < $5000.00, then the A/P Specialist will proceed with closing the voucher.

If the receipts total is > $5000.00 then the A/P Specialist will forward the paperwork to the A/P Supervisor or AP Manager for review and closing. A/P Supervisor or AP Manager will return paperwork to the appropriate A/P Specialist after closing.

A copy of the voucher and receipts are scanned to the appropriate Treasury Services personnel, to match to the NTA clearing check (which will be made payable to Prairie View A&M).

The completed paperwork is filed in voucher number order in Accounts Payable payment voucher files.

STATE OF TEXAS PURCHASE VOUCHER

a. Trans code	b. Batch No.	c. Agency Number	d.		e. Agency Voucher No.

f. Comptroller's Voucher Number

g. Agency Name		h. Order Date		i. Requisition No.
j. Invoice Date	k. Voucher Amount	l. Payee Reference No.		m. Purchasing Comm. No.

o. Comptroller's Vendor I.D. No.	p. Agency Voucher No.	q. Fund No.	r. FY	s. Cost Center	t. Comp. Object	u. Agency Object	v. Amount	w. Invoice Number

x. Pay to: Name, Address, City, State, Zip

(Account No.)

							y. TOTAL	

z. DELIVERY DATE	aa. DESCRIPTION OF ARTICLES OR SERVICES	bb. QUANTITY	cc. UNIT PRICE	dd. AMOUNT
	TOTAL:			

ee.

AGENCY CERTIFICATION-
I certify that the above services were rendered or goods received; that they correspond in every particular with the contract under which they were procured; that the invoice is true and unpaid; and that the claim was presented to the State within the applicable limitations period.

ff. Date Approved for Payment

Name	Title Accounts Payable
Name	Title Accounts Payable

Name	Title (Advance Recipient)
Name	Title (Budget Head)

PRICES ABOVE ARE APPROVED

State Purchasing and General Services Commission

BY

Multi-Payee Voucher Cover Sheet

FAMIS Voucher #											

Traveler: Payee id, name, and address of traveler. | Alternate: Vendor to whom check will be made payable. Leave blank if check should be made payable to vendor listed above.

TINS				Alt TINS							
Name & Address				Name & Address							
Title				Title							

Account	Invoice Date	Order Date	Invoice Rec'd Date	Delivery Date	Requested Pymt Date	IC	RSN	Obj Code	Bank	Amount	Vendor Invoice #
										Total	

Designated Headquarters:	Purpose:
Travel Dates:	
Destination:	
Total:	

FAMIS Voucher #											

Traveler: Payee id, name, and address of traveler. | Alternate: Vendor to whom check will be made payable. Leave blank if check should be made payable to vendor listed above.

TINS				Alt TINS							
Name & Address				Name & Address							
Title				Title							

Account	Invoice Date	Order Date	Invoice Rec'd Date	Delivery Date	Requested Pymt Date	IC	RSN	Obj Code	Bank	Amount	Vendor Invoice #
										Total	

Designated Headquarters:	Purpose:
Travel Dates:	
Destination:	
Total:	

Grand Total (Should Match Document Amount from Voucher): [   ]