Georgia Department of Human Resources
Basic Expenditure Form

Enter data into fields with bold headings. Attach invoice, if appropriate.

Vendor Name	Vendor ID	Location

Terms: _____
   Normal terms are net 30 days from invoice date. If payment needs to be made earlier, please indicate here.

Invoice Date	Invoice #	Invoice Amt

Description	Quan	UOM	Unit Price

If there are more budget identifiers than can be coded below, leave the fields blank and code all budget identifiers on a continuation sheet. Check here if a continuation sheet is attached: ☐

Account	Fund	Organization Code	Sub-class	BY
	A1			

You must enter either a speedchart, or a project & at least one program.

Speedchart	Speedchart Amt

Project	Program	Program Amt	Program	Program Amt

Handling Code	Pay by (Mark One)	Check	EFT	Paydate	Acctg Template

I authorize the purchase(s) described on this form and direct that it (they) be charged to the budget identifiers encoded above.

Approval Signature _____   **Date** _____

Phone _____

OFS Staff Member _____   Date _____

Voucher # _____

Form 5165 (06-2002)