EXHIBIT I

VENDOR NUMBER (1-9)	SOCIAL SECURITY NUMBER	TC (10-11)	VOUCHER NUMBER (12-17)

SPECIAL INSTRUCTIONS	PAY TO:	REQUEST DATE 52 53 54 55 **02**
	STREET ADDRESS	
	CITY	DUE DATE 56 57 58 59 60 61
	STATE zip cod	ENCLOSURE 80

EXPLAIN IN DETAIL REASONS FOR THIS REQUEST (34-51)	AMOUNT
REFERENCE TO BE PICKED UP ON CHECK STUB (34-51)	

DISBURSEMENT CONTROL USE ONLY

APPROVED BY_____

DATE_____

CHECK NO. (46-51)_____

CHECK DATE (56-61)_____

AUTHORIZED SIGNATURE

ACCOUNT CODE (18-27)	PURCHASE ORDER (28-33)	AMOUNT (62-70)	P/F (71)