

PAYMENT VOUCHER



CAMPUS & STUDENT CENTERS

(A) Vendor/Payee Information:

Name: _____
 Account ID: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Phone: _____ Fax: _____

(B) Organization:

Fund: - 815 (Fundraising/Housing) - 816 (SGA Funds)
 Account Number: _____
 Meeting Date: ____/____/____
A copy of the minutes must be attached for all transactions.

(C) Type of Expenditure:

- Cash Advance – Settlement Date: ____/____/____
- Issue Purchase Order (Attach Requisition Form)
- Reimbursement (Receipt(s) attached – complete section D)
- Transfer to another Student Organization (enter account number in section A)
- Transfer to University Department (enter account number in section A)
- Vendor Payment for Commodities
- Vendor Payment for Services (enter PSA number in details)

(D) Expenditure Details:

Item being Purchased or Reimbursed	Amount
TOTAL	

(E) Mailing Instructions:

- Mail to Payee or Vendor - (Date mailed/by _____)
- Hold for Pickup at the Student Life/Student Activities Office
- Hold for Pickup at the Housing & Residence Life Office
- Other Instructions: _____

(F) Required Signatures:

 Date _____
 Treasurer or President

 Date _____
 Advisor

 Date _____
 Verification

 Date _____
 Student Activities Funds Manager

For Cashier Use Only

Date Paid ____/____/____ Check Number: _____
 Vendor Invoice Number: _____ Date _____
 1099 Code _____