

WESTERN CONNECTICUT STATE UNIVERSITY
Student Activity Fund Voucher
Payment Authorization

Payee: _____

Date: _____

ID/SS/FEIN: _____

Amount: _____

Address: _____

Org. Name: _____

Org. #: _____

Minutes Date: _____

Purpose: _____

Treasurer's Signature

Advisor's Signature

SGA VP of Finance's Signature

SAF Officer

| FOR OFFICE USE ONLY | |
|----------------------------|-------|
| Date Paid: | _____ |
| Invoice #: | _____ |
| Description: | _____ |
| Invoice Date: | _____ |
| Check Number: | _____ |
| 1099 Code: | _____ |