

## SSI PAYMENT VOUCHER

OFFICE USE ONLY

ORGANIZATION # \_\_\_\_\_

ORGANIZATION NAME: \_\_\_\_\_

(to be charged)

DATE: \_\_\_\_\_

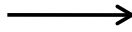
PLEASE SELECT 1:

WILL PICK UP CHECK ☐

MAIL CHECK ☐

Check Payable To: \_\_\_\_\_

TRANSFER ☐



Org. #	Organization Name
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STUDENT TREASURER SIGNATURE Phone # \_\_\_\_\_

FACULTY ADVISOR SIGNATURE Phone # \_\_\_\_\_

STUDENT NAME & E-MAIL ADDRESS \_\_\_\_\_

FACULTY NAME & E-MAIL ADDRESS \_\_\_\_\_

INVOICE No. (if applicable)	DESCRIPTION OF EXPENSE	TOTAL AMOUNT
	<p>IS THIS AN ADVANCE? <input type="checkbox"/></p> <p>Date Check Req'd (min. 3 business days): _____</p>	Total: _____

Please attach appropriate documentation (invoice, contract, receipt, etc)

ADVANCE receipts must be returned within 5 days

APPROVED - DIRECTOR OF S.S.I

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