STUDENT		SSI F	VOUCHER	OFFICE	OFFICE USE ONLY	
SERVICES, INC. 💝		ORGANIZATION #		-		LOOL ONL!
WEST CHESTER LIMITERSITY ORGANIZAT		GANIZATION NAME:  (to be charged)			DATE:	
<u>PLEASE SEL</u>	<u>.ECT 1:</u>	Check Pa	yable To:			
WILL PICK UP CHECK						
MA	AIL CHECK					
7	RANSFER 🗌	<b></b>				
,	MANOI EN		Org. #	Organizati	on Name	
			_			
STUDENT TREASURER SIGNATURE Phone #				FACULTY ADVISOR SIGNATURE Phone #		Phone #
STUDENT NAME & E-MAIL ADDRESS				FACULTY NAME & E-MAIL ADDRESS		
INVOICE No. (if applicable)  DESCRIPTION OF				EXPENSE TOTAL AMOUNT		TOTAL AMOUNT
(п аррпсаые)						AMOUNT
	IS THIS AN AC	VANCE?				
Date Check Req'd (min. 3 business days): Total:					Total:	
Please attach appropriate documentation (invoice, contract, receipt, etc)						
ADVANCE receipts must be returned within 5 days  APPROVED - DIRECTOR OF S.S.I						S.S.I
6		991		VOLICHED		
STUDE		331 F	AYMENT	VOUCHER	OFFICE	USE ONLY
SERVICES, ORGANIZATION#			- OTTIOL GGL GNLT			
WEST CHESTER UNIVERSITY  ORGANIZATION NAME:					DATE:	
PLEASE SELECT 1: (to be charged)  Check Payable To:						
WILL PICK UP CHECK						
MA	AIL CHECK 🗌					
		_		1		<del></del> 1
TRANSFER Org. # Organization				on Name		
			0.g. 11			
STUDENT TREAS	URER SIGNATU	RE Phone #	-	FACULTY ADVISOR SIGNA	TURE	Phone #
STUDENT NAME & E-MAIL ADDRESS  FACULTY NAME & E-MAIL ADDRESS						
INVOICE No. DESCRIPTION OF			EXPENSE		TOTAL	
(if applicable)						AMOUNT
	IC THIC AN AD	WANCE? $\Box$				
	IS THIS AN AD	VANCE?   (min. 3 business day	/s):		Total:	
					. Juli.	

Please attach appropriate documentation (invoice, contract, receipt, etc) ADVANCE receipts must be returned within 5 days