STUDENT		SSI PAYMENT VOUCHER			OFFICE USE ONLY	
SERVICES, INC. 💝		ORGANIZATION #		-		LOOL ONL!
WEST CHESTER U	OR	(to be charged)			DATE:	
<u>PLEASE SEL</u>	LECT 1:		yable To:			
WILL PICK UP CHECK				-		
MA	AIL CHECK					
7	RANSFER					
•	KANSFER _		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)		EXPENSE		TOTAL AMOUNT		
(п аррпсаые)						AMOUNT
	IS THIS AN AE	OVANCE? □				
		d (min. 3 business day	/s):		Total:	
	-	ion (invoice, contract,	, receipt, etc)			
ADVANCE receipts must be returned within 5 days  APPROVED - DIRECTOR OF S.S.I						
				AIT NOVED - DI	INLOTON OF	0.0.1
STUDE	NT	SSI F	PAYMENT	VOUCHER		-
SERVICES, ORGANIZATION #					OFFICE	USE ONLY
INC. SP ORGANIZATION NAME:			DATE:			
WEST CHESTER UNIVERSITY (to be charged)					1	
PLEASE SELECT 1: Check Payable To:						
WILL PICK UP CHECK						
MA	AIL CHECK					
7	RANSFER	<b>→</b>				
Org. # Organizati				on Name		
			=			
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
IS THIS AN ADVANCE?					T-4:1	
Date Check Req'd (min. 3 business days):					Total:	

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