

SSI PAYMENT VOUCHER

OFFICE USE ONLY

ORGANIZATION # _____

ORGANIZATION NAME: _____
(to be charged)

DATE: _____

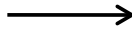
PLEASE SELECT 1:

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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