



SSI PAYMENT VOUCHER

-
<i>OFFICE USE ONLY</i>

ORGANIZATION # _____
 ORGANIZATION NAME: _____
 (to be charged)

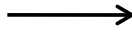
DATE: _____

PLEASE SELECT 1:

WILL PICK UP CHECK
 MAIL CHECK

Check Payable To: _____

TRANSFER



Org. #	Organization Name

STUDENT TREASURER SIGNATURE _____ Phone # _____

FACULTY ADVISOR SIGNATURE _____ Phone # _____

STUDENT NAME & E-MAIL ADDRESS _____

FACULTY NAME & E-MAIL ADDRESS _____

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