

SSI PAYMENT VOUCHER

OFFICE USE ONLY

COST CENTER # _____

ORGANIZATION NAME: _____

PLEASE SELECT 1:

- WILL PICK UP CHECK
- MAIL CHECK
- VENMO
- TRANSFER
- DIRECT DEPOSIT

Check Payable to OR
Venmo Username: _____

Cost Center #	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. <i>(if applicable)</i>	DESCRIPTION OF EXPENSE	TOTAL AMOUNT
	DIRECT DEPOSIT? <input type="checkbox"/> ACCOUNT #: _____ ROUTING #: _____ IS THIS FOR RAM BUCKS? <input type="checkbox"/> Ram Card #: _____ IS THIS AN ADVANCE? <input type="checkbox"/>	
Date Check Req'd (min. 3 business days): _____		Total:

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

APPROVED- DIRECTOR OF S.S.I

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