SERV INC. WEST CHESTE	ICES, ₩	COST CEN	ITER#	YMENT VO			JSE ONLY
	CUP CHECK CHECK		Check Pa Venmo U	ayable to OR sername:			
TRANS	-		→	Cost Center#	С	ganization Name	
STUDENT TREAS	SURER SIGNAT	TURE	Phone #		FACULTY ADVISOR S	SIGNATURE	Phone #
STUDENT NAME INVOICE No.	& E-MAIL ADD	RESS			FACULTY NAME & E-	MAIL ADDRESS	TOTAL
(if applicable)			DE	SCRIPTION OF	EXPENSE		TOTAL AMOUNT
IS IS	DIRECT DEPOSITS STHIS FOR RAM STHIS AN ADVA	BUCKS?	Ram C	ard #:	ROUTING		
Please attach app	ate Check Regio					Total:	
SER	DENT VICES, ETER UNIVERSITY	COST CE ORGANIZ		YMENT VO	[OFFICE US	
WILL PI	SELECT 1: CK UP CHECK L CHECK			ayable to OR Jsername:			
	NSFER			Cost Center#	0.5	ganization Name	
STUDENT TRE	ASURER SIGNA	ATURE	Phone #		FACULTY ADVISOR SI		Phone #
STUDENT NAM	IE & E-MAIL AD	DRESS			FACULTY NAME & E-M	IAIL ADDRESS	
INVOICE No. (if applicable)	TE & E-MAIL ADDRESS FACULTY NAME & E-MAIL ADDRESS DESCRIPTION OF EXPENSE						
[approduce)	DIRECT DEPOSI IS THIS FOR RAN IS THIS AN ADV	и вискѕ?	╛		ROUTING		AMOUNT
	Date Check Reg					Total:	
	1						

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