

**SSI PAYMENT VOUCHER**

-
OFFICE USE ONLY

ORGANIZATION # \_\_\_\_\_

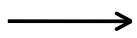
ORGANIZATION NAME: \_\_\_\_\_  
(to be charged)

DATE: \_\_\_\_\_

PLEASE SELECT 1:

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

Check Payable to OR \_\_\_\_\_  
Venmo Username: \_\_\_\_\_



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

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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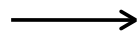
ORGANIZATION NAME: \_\_\_\_\_  
(to be charged)

DATE: \_\_\_\_\_

PLEASE SELECT 1:

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- TRANSFER

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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
	<p>IS THIS FOR RAM BUCKS? <input type="checkbox"/></p> <p>IS THIS AN ADVANCE? <input type="checkbox"/> Ram Card #: _____</p> <p>Date Check Req'd (min. 3 business days): _____</p>	<b>Total:</b>

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

APPROVED - DIRECTOR OF S.S.I

