STUDENT SERVICES, INC.
WEST CHESTER UNIVERSITY

SSI PAYMENT VOUCHER

_____ - _____
OFFICE USE ONLY

ORGANIZATION # _____

ORGANIZATION NAME: _____ **DATE:** _____
(to be charged)

PLEASE SELECT 1:

WILL PICK UP CHECK ☐
MAIL CHECK ☐
VENMO ☐
TRANSFER ☐ ⟶

Check Payable to OR
Venmo Username: _____

Org. #	*Organization Name*

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**
	IS THIS FOR RAM BUCKS? ☐ IS THIS AN ADVANCE? ☐ Ram Card #: _____ ***Date Check Req'd (min. 3 business days):***	**Total:** 0

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

APPROVED - DIRECTOR OF S.S.I