

VOUCHER - REQUEST FOR PAYMENT

DISBURSEMENT TYPE:

- Reimbursement
- Direct Payment
- Payment for Purchase Order
- Payment of Loan

VOUCHER NO: _____

CHECK NO: _____

CHECK PAYABLE TO: _____ Psoft ID: _____
 (FEIN or SS# for contractors)

ADDRESS: _____

IN THE AMOUNT OF: \$ _____ FUND: Local ___ Storrs ___

DATE OF REQUEST: _____

ORGANIZATION TO BE CHARGED: _____

PERSON REQUESTING PAYMENT: _____

DATE OF WORK OR EVENT: _____

DESCRIPTION OF WORK OR EVENT: _____

We hereby certify that the above expenditure has been authorized by the SBA in our organization's approved budget and is in compliance with spending guidelines.

Signature of requesting person

Signature of financial officer

NOTE: NO FUNDS WILL BE DISBURSED UNLESS THIS FORM IS FULLY COMPLETED AND EXPENSE DOCUMENTATION IS ATTACHED. ALL RECEIPTS OR INVOICES MUST BE ORIGINALS.

SBA treasurer APPROVAL: _____

DATE: _____

ADMINISTRATION APPROVAL: _____

DATE: _____

Delivered: ___ US POSTAL ___ STUDENT MAIL

DATE: _____