

Voucher No. _____

C.C.S.I. REQUEST FOR PAYMENT

Payable to: _____

Current Date _____

Address: _____

Account No. _____

Fund Beg. Bal. \$ _____

Amt. Of Voucher \$ _____

Mail check _____

Pick Up _____

Bal. Remaining \$ _____

Source of Funds: _____ Allocated _____ Non-Allocated Source

Date of Purchase	Item description/ Program	Cost
Total		

Amount Approved in Budget \$ _____

In order for your payment request to be honored, you must have done the following:

- ___ Expenditure submitted and approved through budget
- ___ Original invoice attached
- ___ If applicable, original signed contract attached, travel forms, cash adv. request
- ___ W-9 attached, if required (contract services provided, referees, etc.)

(12) Name of Organization _____

(13) Requested by _____ Treasurer

(14) Approved by _____ Advisor

Office Use	_____
Budget Amt:	_____