

Graduate Student Organization

VOUCHER

For vendor payment
(invoice required)

For reimbursement
(Receipts, support, signature of person and approval required below)

For personal service performed
(SSN/TIN and signature required. Attach completed W-9)

DO NOT WRITE IN THIS SPACE	
Check Date:	
Check #:	
1099 Entry	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Box #

Voucher Date:

Expense Account:

Account Name:

Account Number:

Pay:	
Mail to:	
Email:	

Invoice #	Description	Detail	Total
			\$ -

* Please exclude tax and deposits.

I hereby certify that the above expenses were incurred by me for the purposes stated; that the information given is correct; and that no part thereof has been paid except as stated.

Signature:
Date

Approved:
GSO Pres., VP, or Asst. Pres. Date

Approved:
Organization Treasurer Date

Approved:
GSO Treasurer Date

Please fill out this voucher completely, with the full organization name on the line designated for account name. Vouchers cannot be processed without proper signatures, receipts, public notices advertising the event and other documentation.

University Designee