

VOUCHER - REQUEST FOR PAYMENT

DISBURSEMENT TYPE:

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

VOUCHER NO: _____

CHECK NO: _____

CHECK PAYABLE TO: _____

SSN: _____

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.

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.

SBA treasurer APPROVAL: _____

DATE: _____

ADMINISTRATION APPROVAL: _____

DATE: _____

Delivered: _____ US POSTAL _____ STUDENT MAIL

DATE: _____