

Date Received in STL _____

**STUDENT ASSOCIATION
COLLEGE OF SOUTHERN MARYLAND**

PAYMENT REQUEST VOUCHER

All requests **MUST BE SUBMITTED BY TUESDAY at Noon** to receive a check the following week (Thursday – 9 days later). **All expenditures must be in the authorized budget.** Exceptions must be approved by the Campus Student Association at an official SA meeting. **All sections of this form must be complete or it will be returned to the Advisor of the student organization.**

Organization _____

Program/Event _____ Date Check Needed _____

Make Check Payable To: (must include address)

Nature of Services:

Student ID or Social Security # _____
(mandatory)

Federal ID # _____

Is this request a: cash advance direct pay reimbursement purchase order

Checks to be mailed to Vendor/Student Held for pick-up Sent to Advisor

This Money will be spent on:

1. _____ Amount \$ _____

2. _____ Amount \$ _____

3. _____ Amount \$ _____

4. _____ Amount \$ _____

Total \$ _____

Note: If a check is issued on a cash advance basis, the requestor agrees to turn in receipts and any funds that were not spent, to the Student Life Department. Receipts/Cash are due on the next working day following the conclusion of the program. No additional cash advances will be processed for an organization until the first cash advance has been reconciled.

APPROVED SIGNATURES:

Requestor: _____ Phone # _____ Date: _____

Advisor: _____ Phone # _____ Date: _____

SGA Officer: _____ Phone # _____ Date: _____

Cost Center Manager: _____ Phone # _____ Date: _____