

University of Connecticut
Graduate Student Organization
School of Social Work

Voucher-Check Request

Trustee Account Use Only
Voucher No. _____
Check if KFS Charge _____
E-Doc No. _____
Flyer Sign In Workbook SABO

Payment Type (check one):
Reimbursement (RB) _____
Direct Payment (DP) _____
Check Re-issue (RI) _____

Complete All Address Lines

SABO Use Only
3124470

Check Payable To (Payee/Vendor): _____
Address: _____
City, State, Zip _____
Phone:xxx-xxx-xxxx _____ NON-UConn E-Mail Addr.: _____
*Invoice/Ref No.: _____ Inv/Purchase Date: _____ Amount: \$ _____

EXPENSE DOCUMENTATION MUST BE ATTACHED: ORIGINAL INVOICE, RECEIPT, CONTRACT etc. INCLUDE ITINERARIES, ATTEENDEE LIST, MEMBERSHIP LIST, REGISTRATION FORM, WEB PRINT OUT OF EVENT etc.

For (Event Name): _____
Event Date: _____ Funds Approved in Minutes Dated: _____

Please describe the purpose for this expense. How will the items be used?

***If payment is for more than one invoice, list each invoice with details below:**
Please describe the items purchased: example: 10 large cheese pizza @ 12.00=120.00. + 5.00 tip.

All Signatures: By Signing Below I Certify The Expenses Described Above Are Approved for Payment and in Compliance with Spending Policies.

CLUB Account to be Charged: Acct No. _____ Club Name: _____
Club Student Representative Requesting Payment cannot be payee :
Printed Name _____ Signature _____ Date _____

Below for Trustee Account Only

Trustee Account to be Charged: GSO Acct: _____ Account Name: _____
GSO Student Representative Requesting Payment:
Printed Name _____ Signature _____ Title _____ Date _____

Payment Approved By Trustee Account Officers - Cannot be Payee
Printed Name _____ Signature _____ Title _____ Date _____
Printed Name _____ Signature _____ Title _____ Date _____

MUST HAVE APPROVED W-9 ON FILE PRIOR TO RENDERING PAYMENT

Copy Vendor No. from Approved Vendor List _____
Paid by Check No.: _____ **Date:** _____ **Funds Approved in Minutes Dated:** _____
Expense Code _____ Amount _____ Expense Code _____ Amount _____
Expense Code _____ Amount _____ Expense Code _____ Amount _____

Payment Approved By Authorized University Staff:
Milagros Marrero-Johnson _____ Student Services Dir.
Printed Name _____ Signature _____ Title _____ Date _____

Check Disposition: Mailed _____ On Date: _____ or Receipt of Check Acknowledged By:
Printed Name _____ Signature _____ Date _____