BOOKSTORE VOUCHER

PLEASE COMPLETE THE FOLLOWING

Date of Request: _____ Student ID: _____

Student Name: _____

Amount Requested: _____

Student Signature: _____

By signing this form, I certify that the items purchased are material for my personal use and the purchase will not exceed the authorized amount indicated above. _____
Initial

By signing this form, I understand that if my aid changes or my account credit is reduced prior to the posting of the book charge. I will be responsible for the balance on my account. _____
initial

By signing this form, I understand that a Refund will not be processed until all book vouchers have been closed out and posted to my tuition account. _____
initial

FOR OFFICE USE ONLY

Bursar Office _____*Date_____Amount Approved $_____*

Service Indicator _____*Date_____Amount Approved $_____*

Please return this form via your Holy Cross email to Bursar@Holycross.edu .