



Student Expense Report

CURRENT DATE:

Name of Vendor/Employee:

FOR ACCOUNTS PAYABLE USE ONLY

Street Address:

Voucher # _____

Vendor ID # _____

Handling _____

City, State, Zip:

ALLOW SEVEN WORKING DAYS FOR PROCESSING

For new vendors please attach W-9. For non-residents please attach W-8Ben.

Purpose:

Date Desired:

Check here if check should be issued separately from other payments:

ALLOCATION CHARTFIELD

Table with 7 columns: Account (4), Fund (4), Department (6), Program (4), Class (5), Project/Grant (8/9), Amount. Contains 6 empty rows for data entry.

TOTAL:

Authorized Signature: _____

Name: _____ EXT: _____

Authorized Signer is certifying that he/she is authorized on the Chartfield combinations, and the charge is an appropriate expense within college policies.

Please print, attach all supporting documentation and return to Accounts Payable, O'Kane 159.