

FOR OFFICE USE ONLY	
Amount Paid: _____	Date: _____
Check Number: _____	Initials: _____

Pitt-Titusville Student Activities Fund Payment Voucher

1. Date: _____
2. Organization: _____
3. Payable To (first, middle initial, last name): _____
 Address: _____
 Last Four Digits of Payee's Social Security Number: _____

4. Expense List

Quantity	Item	Reason for Expenditure	Amount
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
Total			_____

5. Approvals

Student Organization's President or Treasurer Signature	Date of Approval
_____	_____
Student Organization's Advisor's Signature	Date of Approval
_____	_____
Director of Student Life Signature	Date of Approval
_____	_____
Campus Dean Signature	Date of Approval
_____	_____

6. Attach receipts to back of this voucher. **NO PAYMENT WITHOUT RECEIPTS.**

7. Submit completed voucher to Division of Student Affairs Office, SU 204.

8. Check to be: Picked Up by: _____ Date: _____
 Mailed
 Transfer
 Place in Payee's Campus Mailbox

The expenditures covered by this voucher must be in compliance with the Student Organization Manual.