



Graduate Student Organization VOUCHER

For vendor payment
(invoice required)

For reimbursement
(Receipts, support, signature of person and approval required below)

For personal service performed
(SSN/TIN and signature required. Attach completed W-9)

DO NOT WRITE IN THIS SPACE

Check Date: _____

Check #: _____

1099 Entry Yes No
 Box #

Payee: _____

Mail to: _____

Email: _____

Voucher Date: _____

Expense Account: _____

Account Name: _____

Account Number: _____

Mail directly to Payee

Mail check back to: Name _____ Campus Address _____

Check will be picked up: Name _____ Binghamton email _____

| Invoice # | Description | Detail | Total |
|-----------|-------------|--------|-------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | \$ - |

* Please exclude tax and deposits.

I hereby certify that the above expenses were incurred by me for the purposes stated; that the information given is correct; and that no part thereof has been paid except as stated.

Signature: _____

Date

Approved: _____

GSO Pres., VP, or Asst. Pres. Date

Approved: _____

Organization Treasurer Date

Approved: _____

GSO Treasurer Date

Please fill out this voucher completely, with the full organization name on the line designated for account name. Vouchers cannot be processed without proper signatures, receipts, public notices advertising the event and other documentation.

University Designee