

MISCELLANEOUS DISBURSEMENT VOUCHER

S.G.A.

Make Check Payable to:

Date: _____

Name _____

Address _____

City _____ State _____ Zip _____

Address for check if different from above:

| Purpose and Description of Service | Amount |
|------------------------------------|--------|
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VENDOR - PLEASE SHIP MATERIAL TO: Rowan University, 201 Mullica Hill Rd., Glassboro, NJ 08028
 Attention: _____ Dept: _____

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|---------------|---|------------|
| VENDOR NUMBER | SOCIAL SECURITY # (Non-Employees Only) | 1099 _____ |
| | | ENC _____ |

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| INVOICE DESCRIPTION | INV DATE | DUE DATE | INDEX # | FUND # | ORG # | ACCT # | PROG # | ACTIVITY # | AMOUNT |
|---------------------|----------|----------|---------|--------|-------|--------|--------|------------|--------|
| | | | | 90000 | | 7450 | 30 | | |
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THIS FORM IS USED TO PROCESS THESE PAYMENTS

(1) Reimbursements _____ (2) Memberships _____ (3) Subscriptions _____ (4) Prepayments _____
 (1) Honorariums _____ (2) Stipends _____

| | |
|----------------------------------|-------------------|
| Club advisor: Club treasurer: | Budget: |
| Purchasing: | Accounts Payable: |

NOTE: Please attach personnel service contract or entertainment form, as needed.

SESSION: _____