

**ROWAN UNIVERSITY  
MISCELLANEOUS DISBURSEMENT VOUCHER**

Please complete and return to Accounts Payable.  
**FOUNDATION**

Make Check Payable to:

Date: \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Address for check if different from above:

\_\_\_\_\_

Purpose and Description of Service	Amount

**VENDOR - PLEASE SHIP MATERIAL TO: Rowan University, 201 Mullica Hill Rd., Glassboro, NJ 08028**  
Attention: \_\_\_\_\_ Dept: \_\_\_\_\_

<b>VENDOR NUMBER</b>	<b>SOCIAL SECURITY # (Non-Employees Only)</b>	<b>1099</b> _____
		<b>ENC</b> _____

**\*\*\* BANK 25 \*\*\* BANK 25 \*\*\* BANK 25 \*\*\* BANK 25 \*\*\* BANK 25 \*\*\* BANK 25 \*\*\* BANK 25\*\*\***

INVOICE DESCRIPTION	INV DATE	DUE DATE	INDEX #	FUND #	ORG #	ACCT #	PROG #	AMOUNT

**THIS FORM IS USED TO PROCESS THESE PAYMENTS (UP TO \$500.00):**

(1) Reimbursements \_\_\_\_\_ (2) Memberships \_\_\_\_\_ (3) Subscriptions \_\_\_\_\_ (4) Prepayments \_\_\_\_\_

**THIS FORM IS USED TO PROCESS THESE PAYMENTS (UP TO \$1000.00):**

(1) Honorariums \_\_\_\_\_ (2) Stipends \_\_\_\_\_

<b>Department Head:</b>	<b>Budget:</b>
<b>Purchasing:</b>	<b>Accounts Payable:</b>

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

**SESSION:** \_\_\_\_\_