

**ROWAN UNIVERSITY**  
**MISCELLANEOUS DISBURSEMENT VOUCHER**

Please complete and return to Accounts Payable.  
**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

**VENDOR - PLEASE SHIP MATERIAL TO: Rowan University, 201 Mullica Hill Road, Glassboro, NJ 08062**

Attention: \_\_\_\_\_ Dept: \_\_\_\_\_

<b>VENDOR CODE</b>	<b>SOCIAL SECURITY # (Non-Employees Only)</b>		<b>1099</b> _____					
			<b>ENC</b> _____					
<b>*** SGA 25 *** SGA 25 *** SGA 25 *** SGA 25 *** SGA 25 *** SGA 25 *** SGA 25 *** SGA 25 *** SGA ***</b>								
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 \$1,000.00):**

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

Department Head:	Budget:
Purchasing:	Accounts Payable:

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

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