

ROWAN UNIVERSITY Please complete and return to Accounts Payable.
MISCELLANEOUS DISBURSEMENT VOUCHER **TUITION REIMBURSEMENT**

Make Check Payable to: _____ Date: _____

Name _____

Address _____

City _____ State _____ Zip _____

Address for check if different from above:

Reimbursement for tuition paid to X,Y,Z College/University for Fall/Spring Semester 20 ____ Number of Credits ____ See attached paid tuition receipt and grade report.	Amount

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

VENDOR CODE			SOCIAL SECURITY # (Non-Employees Only)			1099 _____		
						ENC _____		
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:** _____