

# STUDENT ASSOCIATION CHECK & P-CARD REQUEST / VOUCHER

Springfield College • Springfield, MA 01109

Today's Date:

## Your Contact Info:

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Phone #: \_\_\_\_\_

## Event Details

Event/Program Title: \_\_\_\_\_ Event Date: \_\_\_\_\_

Club or Organization: \_\_\_\_\_

## P-Card Request

Card Pick-Up: \_\_\_\_\_ Shopping Date: \_\_\_\_\_

Store/Location: \_\_\_\_\_ Amount Not to Exceed: \$ \_\_\_\_\_

Store/Location: \_\_\_\_\_ Amount Not to Exceed: \$ \_\_\_\_\_

Store/Location: \_\_\_\_\_ Amount Not to Exceed: \$ \_\_\_\_\_

Store/Location: \_\_\_\_\_ Amount Not to Exceed: \$ \_\_\_\_\_

Store/Location: \_\_\_\_\_ Amount Not to Exceed: \$ \_\_\_\_\_

**Total Not to Exceed: \$ \_\_\_\_\_**

## Check Request Payable to

\_\_\_\_\_  
**Individual:**    *Last*                                  *First*                                  **Vendor Name**

Address to Mail Check to: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Phone number (if available): \_\_\_\_\_ Check Memo: \_\_\_\_\_

Social Security or EIN#: \_\_\_\_\_ SCID # (if check paid to student/staff): \_\_\_\_\_

### Student Activities OFFICE USE ONLY

Recv'd: \_\_\_\_\_

P.O. #: \_\_\_\_\_

1099: \_\_\_\_\_

Contract On File:

Certificate of Ins:

W-9:

Sent to Purchasing: \_\_\_\_\_

Marcom Auth #: \_\_\_\_\_

Credit Card #: \_\_\_\_\_

Quick Books:

Online Bank:

Receipt Scanned

### Select Check Options:

Reimbursement

Mail Check    OR

Staff Pick-Up

Date Needed By: \_\_\_\_\_

### Complete Purchase Details

(Date of Purchase – Place or Vendor – Items Purchased)

### Club/Org Name & Account #

(CAB – 10-12345-1234)

### Amount

\$1,234.56

<b>Total:</b>		<b>\$ _____</b>

\_\_\_\_\_  
 Purchase made by / Card picked up by      Date: \_\_\_\_\_

**Approved by:** \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_  
 Student Organization Treasurer      Date: \_\_\_\_\_

\_\_\_\_\_  
 Budget Officer Signature (If exceeds \$2,500)      Date: \_\_\_\_\_

\_\_\_\_\_  
 Student Organization Advisor      Date: \_\_\_\_\_

\_\_\_\_\_  
 Business Office Approval      Date: \_\_\_\_\_

\_\_\_\_\_  
 S.A. Authorized Signature      Date: \_\_\_\_\_

**All vouchers requesting payment to individuals must be accompanied by appropriate contracts, receipts, invoices or other supporting evidence of purpose or purchase agreement.**