



EXPENSE VOUCHER/DIRECT PAYMENT REQUISITION

Date _____ Dept _____ Org _____ Payee S# _____
(Required for refunds or reimbursements only)

Payee/Vendor Name _____

Payee Address _____

Phone _____ Email _____

Detailed description of charges AND reference attached document or invoice	Amount
<p>Write "OK to Pay" on document or invoice, sign and date.</p>	
TOTAL	

Do you have a Fiscal Delegate Signature Form on file in Business Services? If no, you are not authorized to sign this document.

With my signature below, I certify there are sufficient funds in the org budget to cover this payment request and this expense is for official college business only. All goods and or services have been satisfactorily received.

1st Level Approval _____
 Printed _____ Signature _____ Date _____

2nd Level Approval _____
 Printed _____ Signature _____ Date _____

Purchasing Only

Banner Vendor Number _____ EV Reviewed by _____ Date _____

W9: ___ Attached ___ On File ___ Not Required (Refund/Reimbursement)

SERVICE ONLY:

IC Forms: ___ Y ___ N If Yes, ___ PERA ___ Unauthorized Immigrant ___ IC Questionnaire

Insurance Required: ___ Y ___ N If yes, on file ___ or requested ___ (date received _____)

HR Review: ___ Y ___ N If yes, ___ Waiver: page ___ or ___ HR Cert Form Grant Funded ___ Y ___ N ___ SAM ___ SDN Search

Payroll Review: ___ Y ___ N If Yes, ___ Not a CCCS Employee ___ Not a PERA Retiree _____ Initials _____ Date _____

AP ONLY:

Account Code _____ AP Voucher # _____ Tax Type _____