(Campus Name) Parent Organization Disbursement Voucher

				Check #	
Vendor Name Vendor Address Vendor Phone #		Purpose of Check Request ---			
		Date Ch	eck Needed	TE TO	
Description of Item(s)			Qty	Unit Price	Extended Price
Attach list if more space is required			TO	TAL	
Requestor If Applicable FR Activity #	Date	_	President ^t	s Approval	Date
Received/Approved By: Treasurer		Date			
Once the check is used to purchase item(s) request be attached to	ted, the invoice/re the disbursemen	ceipt must be _l t voucher for re	provided to the ecord keeping.	Treasurer. The	invoice/receipt must
Invoice/Receipt Provided By:					
Check Requestor		Date	-		