

MISCELLANEOUS EXPENSE VOUCHER

SPEEDTYPE: Department or Grant# _____

Rev 05/2010

PAYEE INFORMATION	AMOUNT	SIGNATURE PAYEE*
Payee Name:		
Address:	email address:	
	* Certified just and correct and payment not received. Payee signature required if no supportive documentation attached	
Individual: EMP ID# _____ or SS # _____	Is payee an employee? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Payee Is A Business: FID # _____	Was an advance received? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Is Payee or beneficiary of the payment a U.S. Citizen or Permanent Resident Alien? Yes <input type="checkbox"/> No <input type="checkbox"/>		
If payment is made to a company for goods/service, does company have establishment in United States? Yes <input type="checkbox"/> No <input type="checkbox"/>		
If No, contact the Nonresident Alien Tax Specialist at 45269; or provide payee email address: _____		

Reason for Payment:

Petty Cash Reimbursement (\$100 or less)
Choose payment method below:

- * Petty Cash disbursed by Payroll Office
Admin Bldg 4th floor

- *Petty Cash disbursed by Payment Center
Enrollment Services Room 336

- Check mailed to my home except for
direct deposit participants

*You will be notified to pickup cash.

This block for use by Financial Services

Date: _____

Adv. Check #: _____

Adv. Amount: _____

Expense \$: _____

Difference: _____

Rcpt/Chk#: _____

Signature of Requester

Approved by: _____ Date _____
Authorized Budget Signature

Complete Coding Block with Account Number and Amount			
T.U. CODE BLOCK	Vendor Code:		
Charge To Dept/Grant/Account	Invoice #:		
	Amount	PO#:	C/P/F
	\$		Invoice Date:
	\$		Mdse. Rec. Date:
	\$		Due Date:
Department Approval:			
Department Approval:			

Note: Account is PeopleSoft terminology for subcode

**VOUCHER AND SUPPORTING DOCUMENTATION WHERE
REQUIRED MUST BE SUBMITTED IN DUPLICATE**