Shippensburg University
Student Services, Inc.
Fiscal Office, CUB Room 204
1871 Old Main Drive
Shippensburg, PA 17257-2299
Telephone: (717) 477-1730
Fax: (717) 477-1636

Date Entered
Batch Number
Initials

Expenditure Request Form

To: Treasurer, Student Services, Inc. (Invoice(s) or Receipt(s) attached)

Date Submitted: _____

Invoice Date: _____

Invoice Number: _____

P. O. No.: _____

Please authorize the expenditure of:

$ _____

From: _____
Organization Name

For: _____
Budget Line Item Name

_____
Budget Line Item Number

Checks Shall Be: ☐ Mailed ☐ Picked Up

Checks are cut on Thursday. This form is due by 1:00 pm on Tuesday for processing same week.

Make checks payable to:

_____

_____
(Required) Treasurer of Organization (Print and Sign Name)

_____
(Required) President of Organization (Print and Sign Name)

_____
(Optional) Advisor ofOrganization (Print and Sign Name)

_____
Fiscal Office

DO NOT WRITE IN THIS BOX

Voucher Number
Due Date
Vendor Number
Check Number
Date Paid

OFFICE USE ONLY

Revised 8/1/2013