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

_____ **Or** _____

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*** ***$1,234.56***
	Total:	**$**

_____ Date: _____
Purchase made by / Card picked up by

_____ Date: _____
Student Organization Treasurer

_____ Date: _____
Student Organization Advisor

_____ Date: _____
S.A. Authorized Signature

Approved by:

_____ Date: _____
Budget Officer Signature (If exceeds $10,000)

_____ Date: _____
Business Office Approval

All vouchers requesting payment to individuals must be accompanied by appropriate contracts, receipts, invoices or other supporting evidence of purpose or purchase agreement.
Springfield College is tax exempt; therefore there will be no reimbursement for sales tax.