

Genesee Community College Association, Inc.

CLAIM VOUCHER

Claimant/Vendor Name: _____
Claimant 800#/SSN or Vendor#: _____
Please complete information below if this is a new vendor and not currently in vendor file
Mailing Address: _____

Vendor Telephone #: _____

<u>ACCOUNT#</u>	<u>AMOUNT</u>
2400-500 - _____	TOTAL \$ _____
2400-500 - _____	TOTAL \$ _____
1200-100- _____	TOTAL \$ _____
<u>GRAND TOTAL:</u> \$ _____	

<u>ADDITIONAL INFORMATION</u>	Invoice #:
<p><u>Description of goods/services purchased:</u></p> <p><u>What is the objective/goal for the program/activity?</u></p> <p style="text-align: right;">NOTE: Please remember to include an attendance/sign in sheet</p> <p><i>Invoice(s)/receipt(s) must be included in order for voucher to be approved. NYS tax exemption must be applied to all purchases in NYS Travel expenses may be reimbursed if Trip Request form has been submitted and approved at least 2 weeks in advance of travel .</i></p>	<p><u>Special Payment Instructions:</u></p> <p><input type="checkbox"/> Hold check for pick up at Business Office</p> <p><input type="checkbox"/> Send check via interoffice mail to: _____</p>

ADVISOR/CAMPUS CTR ASSOC: _____ DATE: ___/___/___

STUDENT ENGAGEMENT & INCLUSION: _____ DATE: ___/___/___

SEI Office: Initials: _____	Date: ___/___/___
Business Office: I _____	Banner Title: _____