COLLEGE OF SOUTHERN IDAHO
PO BOX 1238
TWIN FALLS, ID 83303-1238
PHONE 208-733-9554

REQUEST FOR PAYMENT

DATE

DEPT NAME	*FUND NUMBER*	*DEPT NUMBER*	*ACCOUNT NUMBER*	*PROJECT CODE*

QUANTITY	UNIT	ITEMS OR DESCRIPTION	UNIT PRICE			TOTAL PRICE

TOTAL FOR THIS VOUCHER -

PAY TO

ALL COPIES MUST GO TO DEAN OR DIRECTOR FIRST, THEN TO THE BUSINESS OFFICE

REQUESTED BY
ORG./CLUB REP. APPROVAL *DATE*

CLUB/ORG. FUNDS NEED APPROVAL FROM ORG/CLUB REP. AND ADVISOR, THEN SENT TO DEAN OF STUDENTS

APPROVED BY
ADVISOR APPROVAL *DATE*

APPROVED BY
DEAN OF STUDENTS APPROVAL Dean or VP *DATE*