

For Office Use Only:	
Date:	_____
Signed:	_____

STUDENT SERVICES, INC.  
 BUSINESS OFFICE  
 MILLERSVILLE UNIVERSITY  
 MILLERSVILLE, PA 17551

ORGANIZATION: \_\_\_\_\_

DESCRIPTION: \_\_\_\_\_ DATE: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_

Advisor Signature: \_\_\_\_\_

Please issue a CHECK in the amount of \$ \_\_\_\_\_ Invoice # \_\_\_\_\_

OR

A PURCHASE ORDER in the amount of \$ \_\_\_\_\_ Quote # \_\_\_\_\_

Make check payable to: \_\_\_\_\_ W-9

Receipients LEGAL Address: \_\_\_\_\_

City \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

PLEASE DISTRIBUTE FUNDS AS FOLLOWS:

PICK UP CHECK

MAIL TO LEGAL ADDRESS

MAIL TO ALTERNATE ADDRESS AS WRITTEN BELOW:

STREET \_\_\_\_\_

CITY/STATE/ZIP \_\_\_\_\_

PLEASE DEDUCT FUNDS FROM:

ALLOCATED ACCOUNT

FUND RAISER ACCOUNT

FOR SSI INTERNAL USE

FOR SLI INTERNAL USE

CODING: \_\_\_\_\_

GI# \_\_\_\_\_ ACCT # \_\_\_\_\_

FOR OFFICE USE ONLY

DATE ENTERED: \_\_\_\_\_ BY: \_\_\_\_\_

DATE RCVD: \_\_\_\_\_ BY: \_\_\_\_\_