

DO NOT STAPLE

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

For Office Use Only:	
Date:	_____
Signed:	_____

Account Name: _____

DESCRIPTION _____ DATE: _____
or **EVENT**:

Authorized Signature: _____

Advisor Signature: _____

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

OR

A **PURCHASE ORDER** in the amount of \$ _____ Quote # _____

Contact Cell #: _____

Contact Name: _____

Make check payable to: _____ **W-9**

Receipients LEGAL Address: _____

City _____ State: _____ Zip: _____

PLEASE DISTRIBUTE FUNDS AS FOLLOWS:

PICK UP CHECK

MAIL TO LEGAL ADDRESS

CAMPUS MAIL

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: _____