

DO NOT STAPLE

STUDENT SERVICES, INC.
BUSINESS OFFICE
MILLERSVILLE UNIVERSITY
MILLERSVILLE, PENNSYLVANIA

For Office Use Only:

Date: _____

Signed: _____

ACCOUNT NAME: _____

DESCRIPTION OR EVENT _____ DATE: _____

Authorized Signature: _____

Advisor Signature: _____

CHECK or TRANSFER in the amount of: _____ Invoice # _____

OR

Issue STAMPLI credit card in the amount of: _____ plus \$3.95 service fee

CONTACT CELL #: _____ CONTACT NAME: _____

Make payment to: _____ W9

Recipients LEGAL Address: _____

City _____ State _____ Zip: _____

PLEASE DISTRIBUTE FUNDS AS FOLLOWS:

PLEASE DEDUCT FUNDS FROM:

PICK UP CHECK

ALLOCATED ACCOUNT

MAIL TO LEGAL ADDRESS

FUND RAISER ACCOUNT

CAMPUS MAIL

CREDIT CARD

MAIL TO ALTERNATE ADDRESS AS WRITTEN BELOW:

STREET _____

CITY/STATE/ZIP _____

SHIPPING ADDRESS FOR CREDIT CARD TRANSACTION:

STREET _____

CITY/STATE/ZIP _____

CONTACT _____

FOR SSI INTERNAL USE

FOR SLI INTERNAL USE

CODING: _____

GI# _____ ACCT # _____

FOR OFFICE USE ONLY

DATE ENTERED: _____ BY: _____

DATE RCVD: _____ BY: _____