FORM 1 - 2025/2026

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**

Allow 5 business days for processing

CONTACT CELL #: _____ ***CONTACT NAME:*** _____

Make payment to: _____ **W9 on file** ☐

Recipients LEGAL Address: _____

City _____ ***State*** _____ ***Zip:*** _____

PLEASE DISTRIBUTE FUNDS AS FOLLOWS:				***PLEASE DEDUCT FUNDS FROM:***	
PICK UP CHECK	☐	***CAMPUS MAIL***	☐	***ALLOCATED ACCOUNT***	☐
MAIL TO LEGAL ADDRESS	☐	***CREDIT CARD***	☐	***FUND RAISER ACCOUNT***	☐

MAIL TO ALTERNATE ADDRESS AS WRITTEN BELOW:

STREET _____

CITY/STATE/ZIP _____

SHIPPING ADDRESS FOR CREDIT CARD TRANSACTION:

STREET _____

CITY/STATE/ZIP _____

CODING: _____

GI# _____ ***ACCT #*** _____

FOR OFFICE USE ONLY

DATE ENTERED:_____ BY:_____ DATE RCVD: _____ BY:_____