

**FORM 1
2026/2027**

DO NOT STAPLE

Return completed form along with documentation to:

Student Services Inc. Business Office
businessoffice@ssi.millersville.edu
WASHINGTON HOUSE - 18 S. George Street

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: _____
Allow 5 business days for processing

\$3.95 service fee charge to #764

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 _____

Return completed form along with documentation to:

CITY/STATE/ZIP _____

businessoffice@ssi.millersville.edu

SHIPPING ADDRESS FOR CREDIT CARD TRANSACTION:

CODING: _____

STREET _____

GI# _____ ACCT # _____

CITY/STATE/ZIP _____

FOR OFFICE USE ONLY

DATE ENTERED: _____ BY: _____