# Non-Student Group Expenditure Request Form

**Shippensburg University**  
**Student Services, Inc.**  
*Fiscal Office, CUB Room 204*  
*1871 Old Main Drive*  
*Shippensburg, PA 17257-2299*  
*Telephone: (717) 477-1730*  
*Fax: (717) 477-1636*

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**Intramurals, Community Engagement, Memorial Auditorium, CUB Operating, Fiscal Office**  
**Summer Expenses, Computer Department, Student Group Services**

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**To:** Treasurer, Student Services, Inc. (Invoice(s) or Receipt(s) attached)

**Date Submitted:**

**Invoice Date:**

**Invoice Number:**

**P. O. No.:**

Please authorize the expenditure of:

$ __________

**From:**

**Organization Name**

**For:**

**Budget Line Item Name**

**Budget/Line Item Number**

Checks Shall Be:  
- [ ] Mailed  
- [ ] Picked Up

Checks are cut on Thursday. This form is due by 1:00 pm on Tuesday for processing same week.

Make checks payable to:

______________________________

Individual Responsible for Budget (Print and Sign Name)

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Other Authorized Individual (Print and Sign Name)

Fiscal Office

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**OFFICE USE ONLY**

**Voucher Number:**

**Due Date:**

**Vendor Number:**

**Check Number:**

**Date Entered**

**Batch Number**

**Initials**

REVISED 2/5/2019