

# \*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

Date Entered
Batch Number
Initials

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

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:

<input type="checkbox"/>	Mailed
<input type="checkbox"/>	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)

\_\_\_\_\_

Other Authorized Individual (Print and Sign Name)

\_\_\_\_\_

Fiscal Office

**DO NOT WRITE IN THIS BOX**

Voucher Number
Due Date
Vendor Number
Check Number

**OFFICE USE ONLY**