



USG Check Request/Reimbursement Voucher

	Club Name:	
Amount Requested:	Account #:	
Why are you requesting funds?		
Step 2: Does your account have enough funds availab	ole to cover the amount you are reque	sting?
Yes - You are authorized to make purchase receive cash advance. Proceed to next sto		easurer
Organization Advisor:		
Print	Sign	Date
Step 3: What do you want to do? (Check one)		
Get reimbursed for USG expenses paid or Have a check issued to a vendor/speaker	r/etc Note: Receipts	advance for USG expenses for advances must be turned in to Accounts Payable, no later than 2 vance is issued.
Step 4: Who should the check be made out to?		
Name on check:	Payee Contact Phor	ne #:
Payee Mailing Address:		
Street	City	ST Zip Code
Step 5: ACTUAL Expense Descriptions and Amounts (le		when you turn in receipts)
Item Description	Amount	
If you need additional rows, attach detail on anothe	er sheet	TOTAL
If you need additional rows, attach detail on another Step 6: Please obtain the following authorized signature		
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Step 6: Please obtain the following authorized signature: Organization Treasurer: Print		
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Step 6: Please obtain the following authorized signature: Organization Treasurer: Print	ures (Cash advance Org Advisor signof)	f upon reconciliation):
Organization Treasurer: Print Organization Advisor: Print USG Treasurer:	Sign Sign	f upon reconciliation): Date Date
Step 6: Please obtain the following authorized signature: Organization Treasurer: Print Organization Advisor: Print USG Treasurer: Print	ures (Cash advance Org Advisor signof) Sign	f upon reconciliation): Date
Step 6: Please obtain the following authorized signature: Organization Treasurer: Print Organization Advisor: Print USG Treasurer: Print Step 7: Is amount requested	Sign Sign Sign	Date Date Date
Step 6: Please obtain the following authorized signature: Organization Treasurer: Print Organization Advisor: Print USG Treasurer: Print Step 7: Is amount requested	Sign Sign	Date Date Date
Step 6: Please obtain the following authorized signature: Organization Treasurer: Print Organization Advisor: Print USG Treasurer: Print Step 7: Is amount requested Under \$100 - Take voucher and all recommends.	Sign Sign Sign	Date Date Date Date Date
Step 6: Please obtain the following authorized signature: Organization Treasurer: Print Organization Advisor: Print USG Treasurer: Print Step 7: Is amount requested Under \$100 - Take voucher and all reco	Sign Sign Sign Sign	Date Date Date Date

^{**}Please remember that you must bring this voucher and any form of proof of purchase to the USG Office located in The Leadership Center.

The USG Treasurer must sign off on this voucher before any expenditure takes place.