

DICKINSON COLLEGE PAYMENT VOUCHER

DATE: _____

BANNER ID #: _____ (nine digits)

Leave blank if unknown.

PAYEE: _____

ADDRESS: _____

AMOUNT: _____

ACCOUNT #: _____ - _____ - _____ - _____
(six digits) (six digits) (five digits) (three digits)

Optional: Activity Code: _____ (four digits)

Location Code: _____ (four digits)

DESCRIPTION:

Travel to: _____

Supplies: _____

Refund: _____

Other: _____

Requestor Printed Name:

Requestor Signature:

Approver Printed Name:

Approver Signature:

Receiver Printed Name:

Receiver Signature:

Appropriate receipts or documentation must be attached
to this Payment Voucher in order for the payment to be processed.
Appropriate approval is also required.