

LUTHER COLLEGE PAYMENT VOUCHER

Date: _____

Date check needed (mm/dd/yy)_____

Personal ID # (Datatel#) _____ (If applicable) Employee _____ Student _____

(Please print)

CHECK PAYABLE TO: _____

ADDRESS: _____

 _____ (Always include complete address for all situations)

Department Name	Account #	Project Account # (if Applicable)	Amount	Description/Purpose
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

TOTAL AMOUNT TO BE PAID _____

APPROVED:

Signature of Claimant

Print Name of Claimant

Supervisor Approval:

Signature of Supervisor

Print Name of Supervisor

This Voucher must be signed by the appropriate budget center director/department head.

Documentation (e.g. invoice, order form, original receipts) that explains the expenditure must be paper-clipped to this form.

Any documentation (e.g. order form) to be mailed with the check must be paper-clipped to this form.

Incomplete/missing information on this voucher will delay processing.

Send Out-Going Mail to Addressee

Hold

Send Intra-Campus

Send to SPO