Attention On-Campus customers: Reimbursements for less than $100 are issued in cash from the cashier

Goshen College Payment Requisition

❒ Cash
❒ Check

Send check to address below ❒
I will pick up the check ❒

Date _____ Date to be paid _____

Pay to: _____

Address: _____

_____

_____

Type of expense: _____

_____

Message to be included on check stub: _____

_____

Account Number	Project Code	Amount
_-_ _-_ _ _ _ _-_ _ _ _ _-_ _ _ _	_____	$_____
_-_ _-_ _ _ _ _-_ _ _ _ _-_ _ _ _	_____	$_____
_-_ _-_ _ _ _ _-_ _ _ _ _-_ _ _ _	_____	$_____
_-_ _-_ _ _ _ _-_ _ _ _ _-_ _ _ _	_____	$_____
_-_ _-_ _ _ _ _-_ _ _ _ _-_ _ _ _	_____	$_____

Total of requisition: $_____

Less: advance (Acct #_____) (_____)

Balance due you/college: $ _____

(Original receipts must be attached)

Signature: _____

Supervisory Approval _____

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_-_ _-_ _ _ _ _-_ _ _ _ _-_ _ _ _	_____	$_____
_-_ _-_ _ _ _ _-_ _ _ _ _-_ _ _ _	_____	$_____
_-_ _-_ _ _ _ _-_ _ _ _ _-_ _ _ _	_____	$_____

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