**ROWAN – SOM MISCELLANEOUS DISBURSEMENT VOUCHER**

**You must include the original itemized receipt showing the actual item(s) purchased. A receipt showing only the amount will not be accepted. If you paid with a credit or debit card, you must include a copy of the card showing your name & the last four digits of the account number. All other information on the card copy can be blacked out.**

**If any of the information on your form or your signature is missing, you will be notified to pick up your form for completion.**

**A class or club officer will be contracted to verify this expense/reimbursement request.**

**Date of Request: Rowan ID#:**

**Name: Rowan E-mail:**

**Address:**

**DESCRIPTION OF EXPENDITURE:**

**AMOUNT: $ (minus any tax paid – you will not be reimbursed for NJ state tax)**

**STUDENT CLUB/ORGANIZATION:**

**ITEMS PURCHASED:**

 **Type of purchase, i.e. food, snacks, beverages, paper goods, etc.**

**WHERE EVENT WAS HELD:**

**DATE OF EVENT:**

**PURPOSE OF EVENT:**

**PRINT REQUESTOR’S NAME: DATE:**

**REQUESTOR’S SIGNATURE:**

**COMPLETE AND RETURN FORM WITH ELIGIBLE RECEIPTS TO KAREN M. DAVIS, ROOM 2139/UEC FOR PROCESSING**