



ALUMNI ASSOCIATION

EXPENSE VOUCHER

Mail (US Postal Service)
 Pick-Up (Call ext.) _____
 Name: _____

PAY TO: _____

Social Security Number _____ Student _____ WKU Employee _____ Non WKU Employee/Student _____
 (Needed for Awards/Services/Honorariums) **PLEASE USE SOCIAL SECURITY NUMBER, NOT WKU ID**

ADDRESS: _____

Complete addresses are required. NO campus addresses are accepted.

CITY/STATE/ZIP: _____

FROM: _____ Account Number(s) _____ Account Name(s) _____

Original Receipts are REQUIRED. Use separate line for shipping charges.

Invoice Date	Invoice / Acct No.	Due Date	Invoice Amount	P O Number	Foundation Use Only
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

DESCRIPTION:

APPROVALS:

Requested by: _____ Date _____

Approved By: _____ Date _____

\$5000 or more signature (Vice President or Dean) _____ Date _____

- * No other voucher will be submitted for this transaction. This expenditure is within restrictions placed on this account. I have investigated alternate vendors, and this request for payment is based on my conclusion that this vendor's product/service best meets the needs of Western Kentucky University. The goods and/or services were received.
- * Inventory Control will be notified of equipment purchases over \$1,000.
- * Send with original receipts to WKU Foundation, CAC 200. Make copy for your records.