

# MISCELLANEOUS EXPENSE VOUCHER

Department or Grant# \_\_\_\_\_

Rev 07/2008

| PAYEE INFORMATION  | AMOUNT   | SIGNATURE PAYEE*   |
|--|--|--|
| Payee Name:  |  |  |
| Address:   |  |  |
|  |  |  |
|  |  | *Certified just and correct and payment not received. Payee signature required if no supportive documentation attached |
| Individual: EMP ID# _____ or SS # _____  | Is payee an employee?    Yes <input type="checkbox"/> No <input type="checkbox"/>    |  |
| Payee Is A Business: FID # _____   | Was an advance received?    Yes <input type="checkbox"/> No <input type="checkbox"/> |  |
| Is Payee or beneficiary of the payment a U.S. Citizen or Permanent Resident Alien?    Yes <input type="checkbox"/> No <input type="checkbox"/><br>If payment is made to a company for goods/service, does company have establishment in United States? Yes <input type="checkbox"/> No <input type="checkbox"/><br>If No, contact the Nonresident Alien Tax Specialist at 45269; or provide payee email address: _____ |  |  |

Reason For Payment:

**Petty Cash Reimbursement (\$100 or less)**

Choose payment method below:

\*Petty Cash disbursed by Payroll Office  
Admin Bldg 4<sup>th</sup> floor

\*Petty Cash disbursed by Payment Center  
Enrollment Services Room 336

Check mailed to my home except for direct deposit participants

\*You will be notified to pickup cash.

This block for use by Financial Services:

Date: \_\_\_\_\_

Check #: \_\_\_\_\_

Amount: \_\_\_\_\_

Expense \$: \_\_\_\_\_

Difference: \_\_\_\_\_

Rcpt/Chk#: \_\_\_\_\_

\_\_\_\_\_  
Signature of Requester

Approved by: \_\_\_\_\_ Date \_\_\_\_\_  
Authorized Budget Signature

Complete coding block with account number and amount:

|                            |                    |                      |
|----------------------------|--------------------|----------------------|
| T.U. - CODE BLOCK          | Vendor Code: _____ |                      |
| Charge To                  | Invoice # _____    |                      |
| Dept/Grant/Account         | Amount             | PO#: _____ C/P/E     |
|                            | \$                 | Inv Date: _____      |
|                            | \$                 | Mdse Rec Date: _____ |
|                            | \$                 | Due Date: _____      |
| Department Approval: _____ |                    |                      |
| Department Approval: _____ |                    |                      |

Note: Account is PeopleSoft terminology for subcode

**VOUCHER AND SUPPORTING DOCUMENTATION WHERE REQUIRED MUST BE SUBMITTED IN DUPLICATE**