



OFFICE OF FINANCIAL SERVICES

Reimbursement Voucher

O.F.S USE ONLY	
AP TYPE	<u>PC01</u>
VOUCHER NO.	_____
VOUCHER DATE:	_____

<p>PURCHASE BY _____ (PLEASE PRINT)</p> <p>ADDRESS _____ _____</p> <p>KEAN ID# _____</p>	<p>PLEASE PRESENT COMPLETED VOUCHER TO FINANCIAL SERVICES, ADM. BLDG 2ND. FL WITH ALL <u>RECEIPTS</u></p>
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DATE: _____ **AMOUNT :** _____
(DO NOT INCLUDE SALES TAX)

PURCHASE FROM _____

ITEMS PURCHASED _____

I HEREBY CERTIFY THIS IS A CURRENT EXPENSE REQUIRING A PROMPT OUTLAY OF CASH FOR THE FOLLOWING REASONS:

PAYEE'S SIGNATURE _____

DEPARTMENT CHAIRPERSON APPROVAL _____

DEPARTMENT _____

GL ACCOUNT # _____

FUND _____ COST CENTER _____ OBJECT CODE _____

FINANCIAL SERVICES APPROVAL _____