



Finance Board Expense Voucher

Account and Request Type

Full Group Name: _____ Account #: _____
 Date Submitted: _____ Request: Check / PO / Transfer / Requisition
 Funding Term: IAP/Spring (Jan-Jun) / Summer/Fall (Jul-Dec)
 circle one
 Payable To: _____

Expense Detail

Amount (US\$): _____
 G/L: 421586 (Operations) 421588 (Capital)
 420306 (Publicity & Printing) 420344 (Events)
 circle one

Expense Description: _____

 Up to 30 characters will appear in check memo and transaction detail.

Check Delivery Information

Email: _____
 -OR- for check pickup only
 Mail To: _____

 for check delivery only -- attach supplemental information card for mailing if necessary.

Authorized Student Financial Signatory

Auth. Name: _____
 please print
 Auth. Signature: _____
 (Signatory may not sign for his/her own reimbursement.)

Processing Information

Student Life Programs W20-549
(617) 253-3680 funds@mit.edu

Delivery Certification (FOR OFFICE USE ONLY)

Delivery Method: Picked up / Mailed / Completed Name: _____
 circle one please print
 Delivery Date: _____ Signature: _____



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