SC Association of Student Financial Aid Administrators

Expenditure Voucher

Date Requested: _____

Requested By: _____
Name

_____
Address

_____
City **State** **Zip Code**

Make Check Payable to: _____
Name

_____
Address

_____
City **State** **Zip Code**

Invoices Must Be Attached

Description of Articles	Cost
Total	

Budget Item to be Charged _____

Approved for Payment _____ **Date:** _____

Submit approved vouchers with invoices attached to:

University of South Carolina

Cindy Peachey

1714 College Street

Columbia, South Carolina 29208

803-777-3209 CPeachey@gwm.sc.edu Fax: 803-777-0941

~For Treasurer's Use Only~

Date Received: _____

Date Paid: _____

Budget Code # _____

Check #: _____

Approved for Payment: _____