

Business Office Use Only

Voucher #

Purchase Order #


Orange County Community College

 115 South Street
 Middletown, NY 10940

Voucher
Handling Instructions:

Check One:

☐

Mail

☐

Hold for Pick-up

☐

Return to Department

☐

Other: _____

Please Print or Type

Make

Checks

Payable to:

Date of Voucher _____

Soc Sec # _____

Business Office Use Only

Name _____

Vendor # _____

Seq # _____

Address _____

Due Date _____

City _____

State _____

Zip _____

Check # _____

Check Total _____

For Travel: **Indicate Date**, destination, and mileage- plus reason for trip. For other expenses: Attach sales slips, receipts, or other verification of expenses. **No reimbursement will be made without receipts.**

Charge Account Number

Request Amount

Total This Voucher

Requisitioner's Signature

Division/Dept Approval

Business Office Approval

THIS VOUCHER VALID ONLY WHEN APPROVED BY APPROPRIATE COLLEGE OFFICIAL(S)