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:

Newberry College
Missy Lutz, SCASFAA Treasurer
2100 College Street
Newberry, SC 29108

missy.lutz@newberry.edu
Fax: 803-321-5632

For Treasurer's Use Only

Date Received:_____
Date Paid:_____
Budget Code #:_____
Check #:_____
Approved for Payment_____