

VOUCHER

Norfolk State University Foundation, Inc.
Harrison B. Wilson Hall, Suite 410

OFFICE USE ONLY:

Check # _____

Processed by _____

Date _____

Payment is requested for the purpose described below and is a proper charge against this account. Multiple requests from the same fund may be printed on one voucher. **ALL RECEIPTS AND SUPPORTING DOCUMENTATION ARE ATTACHED TO THIS VOUCHER. ALL SIGNATURES MUST MATCH THE SIGNATURE CARD FOR THIS FUND.**

Name of Fund _____

Fund Account Number _____

Check to be picked up by _____ Phone # _____

Scholarship checks must be made payable to NSU and will be forwarded to the Financial Aid Office by NSUF.

Purpose (Please be specific)	Check payable to	Amount	Office Use

ATTENTION: Vouchers received on Wednesday by 12 Noon will be processed on Friday by 3:00 p.m. Emergency requests are handled on a case-by-case basis and must be approved by the NSUF Staff Accountant.

Authorized Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____

Vice President Signature: _____ Date: _____

**ALL VOUCHERS OVER \$5,000.00 REQUIRE
ADDITIONAL TIME TO BE PROCESSED.**