

# VIRGINIA UNION UNIVERSITY

## Check Disbursement Voucher

**PAY TO:**  **DATE:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_  
\_\_\_\_\_

IF APPLICABLE, PLEASE PROVIDE SOCIAL SECURITY NO: \_\_\_\_\_ AND/OR  
FEDERAL TAX ID# \_\_\_\_\_

DESCRIPTION/ITEM	AMOUNT
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**TOTAL AMOUNT: \$**

**CHARGE CODE:** \_\_\_\_\_

**DUE DATE:** \_\_\_/\_\_\_/\_\_\_

<b>ACCOUNTS PAYABLE USE ONLY</b>
VOUCHER#: _____
OBLIG#: _____
CHECK#: _____
CHK DATE#: _____

\_\_\_\_\_  
**REQUESTOR FACULTY/STAFF**      **Date**

**APPROVALS:**

\_\_\_\_\_  
**DEAN/SUPERVISOR**      **Date**

\_\_\_\_\_  
**DIVISION VP/ADMINISTRATOR**      **Date**

\_\_\_\_\_  
**SPONSORED PROGRAM/IF APPLICABLE**

\_\_\_\_\_  
**PURCHASING DEPT./COMPTROLLER**

\_\_\_\_\_  
**VP FINANCIAL AFFAIRS**      **Date**

*NOTE: FOR HONORARIA, STIPENDS, CONSULTING AND SOLE PROPRIETORS PLEASE INCLUDE SOCIAL SECURITY NUMBER. PLEASE ATTACH SUPPORTING DOCUMENTATION. PLEASE KEEP A COPY FOR YOUR RECORDS.*