

# Niagara University

## Check Request

VENDOR NO. \_\_\_\_\_

VOUCHER NO. \_\_\_\_\_

DO NOT WRITE ABOVE

INVOICE NO. \_\_\_\_\_

INVOICE DATE: \_\_\_\_\_

DATE: \_\_\_\_\_

MAKE \_\_\_\_\_  
 CHECK \_\_\_\_\_  
 PAYABLE \_\_\_\_\_  
 TO: \_\_\_\_\_  
 \_\_\_\_\_  
 (include \_\_\_\_\_  
 address) \_\_\_\_\_

Above address must be completed

AMOUNT	ACCOUNT	SUB ACCOUNT

**ABOVE BOXES MUST BE COMPLETED**

Quantity	Description- EXPLANATION: MUST INCLUDE PURPOSE AND PARTICIPANTS NAMES AND EXPLANATION OF EXPEDTURES	Price	Amount

I certify that the above expenditures were made on behalf of Niagara University.

Total Charges		
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\_\_\_\_\_/\_\_\_\_\_  
 Signature Date

Department Authorization  By _____ Dept. _____	Approved/Reviewed  Treasurer's Office
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