

# B8 J 8 I 5 @ G 9 F J 7 9 G VOUCHER

STUDENT ORG BUSINESS OFFICE

132 IMU

\_\_\_\_\_ Date

## SECTION I PAYEE INFORMATION

Name \_\_\_\_\_  
LAST FIRST MI

Address \_\_\_\_\_  
STREET ADDRESS CITY STATE ZIP

## SECTION II

IS THE ABOVE PAYEE:	YES	NO
Full Time Federal Employee		
Primarily a UI Student		
University of Iowa Employee		
State of Iowa Employee (not UI)		
Relative of Organization Signator		

## SECTION III

IS THE ABOVE PAYEE:
A U.S. citizen or resident of the U.S. or U.S. territories? YES _____ NO _____
If NO, the following information is required: VISA Type _____
Tax Residency Country _____ Date of Birth _____
Permanent foreign address _____

CONTACT INFORMATION
ORG NAME: _____
CONTACT PERSON: _____
E-MAIL ADDRESS: _____
PHONE: _____

## SECTION IV

Dates of Service:	DESCRIPTION:
Begin _____ MM/DD/YY	
End _____ MM/DD/YY	

## SECTION V

MFK to be charged:										
FUND	ORG	DEPT	SDEPT	GRTPROG	IACT	OACT	DPACT	FN	CCTR	AMOUNT

<b>TOTAL</b>	
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## SECTION VI

I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS CORRECH

\_\_\_\_\_  
AUTHORIZED ORG SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SPECIAL APPROVAL

\_\_\_\_\_  
DATE

\_\_\_\_\_  
DEPARTMENTAL APPROVAL

\_\_\_\_\_  
DATE

**\*\*Attach contract signed by payee and University Purchasing\*\***