



BOROUGH OF MANHATTAN COMMUNITY COLLEGE ASSOCIATION, INC.
 199 Chambers Street, Rm S230 New York, N.Y. 10007 Phone: (212) 220-8163

DISBURSEMENT VOUCHER

DATE _____

REQUESTING ORGANIZATION _____

BUDGET CATEGORY _____ PHONE _____

MAKE CHECK

PAYABLE TO: _____ MAIL CHECK TO VENDOR

ADDRESS _____ CHECK WILL BE PICKED UP

CITY/STATE/ZIP _____ BMCCA CREDIT CARD

PHONE _____

PURPOSE OF EXPENDITURE (Include: Name & Date of Event)

Itemized Amounts

ORIGINAL INVOICE/RECEIPT, BIDS, PERSONAL SERVICE CONTRACT, etc. MUST BE ATTACHED.	PAY THIS AMOUNT	

The signers below certify that the expenditures are necessary, proper and are made within the budgetary limitations of the above fund.

TITLE	PRINT NAME / POSITION (PR,VP,TR, SC for clubs)	SIGNATURE	DATE
CLUB OFFICER 1	_____ / _____	_____	_____
CLUB OFFICER 2 (OPTIONAL)	_____ / _____	_____	_____
FACULTY ADVISOR	_____	_____	_____
ALLOCATING BODY (SGA for Club Requests)	_____	_____	_____

Authorized College Official (OSA, Athletics, Media) _____

BMCC Association _____

V.P. of Student Affairs _____

CHECK PICKED UP BY:	
PRINT NAME	_____
SIGNATURE	_____
DATE	_____

FOR OFFICE USE ONLY	
CHECK NO. _____	DATE _____
Amount \$ _____	Account No. _____
Check Mailed _____	Date _____ Initials _____