WALSH COLLEGE

EXPENSE VOUCHER

Submitted By: _____

Approval By: _____ (Cost Center Director or Vice President ONLY!)

Vendor Number: _____ Vendor Name: _____

Vendor Address: _____ Tax ID#: _____

City: _____ State: _____ Zip: _____

☐ Mail check to vendor address ☐ Hold check for _____ EXT:

EXPENSE ITEMS

DATE	Description	Quantity	Price	Account Number (**xx-xxx-xxxx-xx**)

TOTAL $ _____

Please make a copy of the completed form for your records