

University of the Sciences in Philadelphia

Controller's Office

INTERNAL PAYMENT VOUCHER

Date _____

Please Pay \$ _____

Name _____

Address _____

Invoice # _____

Social Security # _____

Invoice Date _____

(All Honorariums must have home address and SS #)

This payment voucher is for services or expenditures incurred in the conduct of University business. Please attach all receipted bills, vouchers, etc.

EXPLAIN:

CHARGE TO:

ACCOUNT #

AMOUNT

Department approval _____

Controller's Office Authorization _____

Vendor # _____

Voucher # _____

***Note: Please allow 5 Business days for processing**