



## Shippensburg University Student Services, Inc.

Fiscal Office | CUB 204  
 1871 Old Main Drive  
 Shippensburg, PA 17257-2299  
 Telephone: (717) 477-1730 Fax: (717) 477-1636 Email: [ssinc@ship.edu](mailto:ssinc@ship.edu)  
 Business Hours: Monday – Friday, 8 am – 4 pm

### Athletics Expenditure Request Form

Date: \_\_\_\_\_ **Make Check Payable To:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Check(s) Shall Be: (Please select one)**

<input type="checkbox"/> <b>Mailed</b>	<input type="checkbox"/> <b>Picked Up</b> Email Address: _____	<input type="checkbox"/> <b>ACH</b> Email Address: _____	<input type="checkbox"/> <b>Transfer</b> Organization Name: _____ Organization Number: _____
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Sport/Budget	Account Description & #	Invoice Date or #	Description of Expense	Total
<b>Check Requirement Date/Due Date:</b>			<b>Combined Total:</b>	<b>\$</b>

**Please attach appropriate documentation (i.e. Invoice, Contract, Receipt, W-9, etc.)**

\_\_\_\_\_  
 Authorized Representative Name & Email Address

\_\_\_\_\_  
 \*Authorized Representative Signature      Date

\_\_\_\_\_  
 Athletic Administration Name & Email Address

\_\_\_\_\_  
 \*Athletic Administration Signature      Date

\_\_\_\_\_  
 Fiscal Office Signature      Date

\_\_\_\_\_  
 Dept. of Recreation (Club Sports Only)      Date

**\*\*All signatures are required. Signatures may not be typed. Electronic signatures must be digitally certified via Adobe.\*\***