

S \_\_\_\_\_  
 For A/P office use only

**Check Requisition**

\_\_\_\_\_  
**Date**

**Miami University Student Organizations**

\_\_\_\_\_  
**Organization Name**

\_\_\_\_\_  
**Expense Description**

**Payable To:** \_\_\_\_\_

**Amount \$** \_\_\_\_\_

**Remit Address:** \_\_\_\_\_

\_\_\_\_\_

**Banner Plus # +** \_\_\_\_\_  
*Please provide social security number when paying for services.*

\_\_\_\_\_  
**Treasurer Signature**

\_\_\_\_\_  
**Advisor Signature**

\_\_\_\_\_  
**Print Name**

\_\_\_\_\_  
**Print Name**

Index Code	Account Code	Invoice Number	Vendor Code	Amount