LINN-BENTON COMMUNITY COLLEGE FOUNDATION
PAYMENT VOUCHER

PAY TO:

Payee/Grantee Name _____

Payee Address _____

_____

Vendor # (Banner) Or SSN _____

CHARGE TO:

Invoice#	Fund	—	Org	—	Account	—	Program	Amount
		—		—		—		$
		—		—		—		$
		—		—		—		$
		—		—		—		$
							Total =	$

Vendor Payment (attach invoice) ☐ Other Backup _____

Student Grant in Aid (Term _____) ☐ _____

Student Loan ☐ _____

_____

Requested By Date

_____

Fund Manager Authorization Date

Description of Services Rendered: _____

_____

_____

_____

Note: Payment voucher to be used for all Foundation request for checks. Vendor invoice or sales receipts should be attached. If none, explain under description. Student grants will be monitored by Business Office and processed through LBCC Financial Aid Office. Social Security No. required for student grants.

Payables Use Only: Date Paid _____ Check No. _____

Distribution
Original: Business Office
Pink: Originating Office