

DO NOT STAPLE

**STUDENT SERVICES, INC.
BUSINESS OFFICE
MILLERSVILLE UNIVERSITY
MILLERSVILLE, PENNSYLVANIA**

For Office Use Only:

Date:	_____
Signed:	_____

ACCOUNT NAME: _____

DESCRIPTION OR EVENT _____ DATE: _____

Authorized Signature: _____

Advisor Signature: _____

CHECK or **TRANSFER** in the amount of: _____ Invoice # _____

OR

Issue **STAMPLI** credit card in the amount of: _____ **plus \$3.95 service fee**
Allow 5 business days for processing

CONTACT CELL #: _____ CONTACT NAME: _____

Make payment to: _____ **W9 on file**

Recipients LEGAL Address: _____

City _____ State _____ Zip: _____

PLEASE DISTRIBUTE FUNDS AS FOLLOWS:

PLEASE DEDUCT FUNDS FROM:

PICK UP CHECK <input type="checkbox"/>	CAMPUS MAIL <input type="checkbox"/>
MAIL TO LEGAL ADDRESS <input type="checkbox"/>	CREDIT CARD <input type="checkbox"/>

ALLOCATED ACCOUNT <input type="checkbox"/>
FUND RAISER ACCOUNT <input type="checkbox"/>

MAIL TO ALTERNATE ADDRESS AS WRITTEN BELOW:

STREET _____
CITY/STATE/ZIP _____

SHIPPING ADDRESS FOR CREDIT CARD TRANSACTION:

STREET _____
CITY/STATE/ZIP _____

CODING: _____
GI# _____ ACCT # _____

FOR OFFICE USE ONLY

DATE ENTERED: _____ BY: _____

DATE RCVD: _____ BY: _____