



Internal Voucher

Email: AR@roguecc.edu

DATE: _____

DEPT NAME: _____ **ACCT #:** _____

GRANT: _____

PREPARED BY: _____ **EMAIL:** _____

Term: Summer ☐ Fall ☐ Winter ☐ Spring ☐ Academic Year: _____

Student ID	Last Name	First Name	Courses	Total

I authorize Rogue Community College to apply this voucher to the students listed above for the courses and/or amounts indicated, making me liable for the amount due. I understand it is my responsibility to hold the students accountable for purchasing the correct items.

Authorized Signature

Authorized Name (typed)

Title

Date