Student Organization Fund Voucher Form
CHECKLIST

Form must be turned in AT LEAST two (2) weeks BEFORE funds are needed!

X Required Items

- ☐ All necessary information is completed on the Fund Voucher Form.
- ☐ One (1) Advisor and one (1) Officer have signed the Fund Voucher Form.
- ☐ Signed Student Organization minutes authorizing specific use of funds is attached.
- ☐ Written price quotation is attached.
  - ☐ ***All price quotations MUST include: Date requested, Vendor name, Vendor mailing address, contact person, Telephone number, Email address, Items requested, Cost of each item and quantity needed.***
  - ☐ ***If the total amount is $500 or more, three (3) different price quotations are REQUIRED.***
- ☐ An agenda AND participant listing is attached if Fund Voucher is to fund meal/field trip type costs. This includes purchasing t-shirts, incentives, regalia, etc.
  Participation Waiver and Release of Liability Form is to be provided BEFORE AND AFTER the event.
- ☐ If a check is to be held, CLEARLY print the person's name, cell phone number and email address on the Fund Voucher Form.
  Only those individuals listed will be able to pick up checks and they must bring a valid photo ID.
- ☐ Any required contract for services/goods is attached.
  The President or her designee of the College is the sole authorized signatory to sign Vendor Contracts or any other form of contracts.
- ☐ A copy of the vendor's updated Business License is attached.

X Ordering a printed item such as a t-shirt, poster, bag, folder, banner, etc.?

- ☐ Printout or Proof of design is attached and has been approved by the Office of Communications & Promotions. *(Call 671-735-5516 ext. 5638 or email: gcc.pio@guamcc.edu)*
- ☐ Printed items MUST display the Guam Community College logo and adhere to the GCC Logo Guidelines. GCC Logo Guidelines is located on MyGCC, under the Student Services tab.

X Using funds for travel expenses?

- ☐ Completed all documents required by the GCC Travel Policy.
- ☐ Signed Student Organization minutes approving trip expenses for EACH person is attached.
  COPSA funds CANNOT be used for airline ticket purchases.

Fund Vouchers for travel MUST be submitted AT LEAST 6-8 weeks PRIOR to the date of travel.

Original receipts for every Fund Voucher purchase MUST be turned in within ONE WEEK after the event/purchase in order for the Business Office to close the file!

Reimbursements are not authorized and will not be accepted.

If receipts are not turned in, future Fund Vouchers will NOT be processed!

All applicable items must be completed BEFORE turning in the Fund Voucher form to the Center for Student Involvement.
Location: Room 5101, Student Center Bldg. 5000 | Tel: (671) 735-8887 ext. 5518/9 | Email: csi@guamcc.edu

Student Organization FUND VOUCHER FORM

Account No.: ___________

Date: ____________ **Student Organization Name:** ____

Item Description	Quantity	Price	Amount
		$0.00	$0.00
		$0.00	$0.00
		$0.00	$0.00
		$0.00	$0.00
		$0.00	$0.00
		TOTAL PAYMENT	$0.00

Name of Activity: ____ Date of Activity: ___________

This purchase was authorized by student organization minutes dated: __________

Justification: ____

____

____

Make Check Payable To: ____ Tel No.: ______________

(Please type or PRINT clearly)

Mailing Address: ____

P.O. Box / Street Address *City* *State* *Zip Code*

*****Signed Student Organization minutes authorizing this disbursement, quotations, invoices, receipts, and any other necessary documents MUST be attached to this form!*****

Special Instructions for the Business Office *(Room 2103, Bldg. 2000, 671-735-5550 ext. 5559)*		
☐ **MAIL TO:** **Name:** ______________	**OR**	☐ **HOLD FOR:** **Name:** ______________
Mailing Address: ______________		**Tel No:** ______________
		Email Address:

AUTHORIZING SIGNATURES

STUDENT ORGANIZATION

PRINT NAME	**OFFICER**	*SIGNATURE*	**Date**	**GERALD A.B. CRUZ, Associate Dean** School of Technology and Student Services	**Date**
PRINT NAME	**ADVISOR**	*SIGNATURE*	**Date**	**MICHAEL L. CHAN, Ed.D., Dean** School of Technology and Student Services	**Date**

COMMENTS: ____

____

____

____

Business Office

Check Number: __________

Verified by: ____________________

Date: ___________

Updated: 4/10/2025