W&L University Disbursement Voucher Business Office Use Only			
Pay To (Legal Name): Herma	an Smith		
Faculty/Staff/Student - Provide University ID: All Others - See Below**			
Mailing Address: 248 G	reene Drive		APT:
City: Lexington	St: V	Zip:	24450
Citizenship Status *Proper immigration and IRS documents must be on file with the International Department and Business Office before any type of			
payment can be made.			
Account	Amount	Describe ful	ly and if applicable attach
Fund - Object - Unit/Balance		documentat	
Total Amount: \$	400.00	Travel advance October 19-21	e for airfare to Annual Conference, , 2011
· · · · · · · · · · · · · · · · · · ·		7-1 (isible area of the textbox will be
By Whom:		printed. If man external d	nore area is needed, please attach ocument.
When:			
Name: Herman Sm	nith		
Campus Address: Baker Hall	119		
Date: 09/08/11 Authorized Signature:			
	Name:		
	Phone Number:		xxx-xxx-xxxx
Please print out form and Campus Mail to: Business Office Print			

^{**}Provide W-9, unless already on file. W-9 form can be found at http://www.wlu.edu/Documents/business_office/w9nonfillin_form_08.pdf