

CASHNET REQUEST VOUCHER

RSO NAME:						
ACCOUNT NUMBER	R:					
		D TRANSACTION REQUE				
(Th	nis will be v	isible to purchasers and sho	ould explain in deta	il what it is they're purc	hasing)	
RECEIPT TEXT:	(What v	ou want to be sent to Cred	lit Card Paver after	transaction is complete)	
	(**************************************				<u>, </u>	
PRICE TO CHARGE:		\$				
		st as a single price or multi				
		E? (ex. donations where ar		med)	Yes	No
CAN USER SPECIFY		NTITY? (ex. selling tickets of			Yes	No
	*IF YES	MINIMUM QTY ALLOW AVAILABLE INVENTORY		MAXIMUM QTY AL	LLOWED	
DO VOLLWANT AN		NAL INFORMATION COL			Yes	No
DO TOO WANT AN	TADDITIO		ditional informatio	l.	res	INO
		-				
ONLINE SALES DAT	ES	START DATE		END DATE		
	(N	laximum selling period is 2	weeks unless appro	oved for extension)		
BY SIGNING THIS		U ARE AUTHORIZING A :			I FEE FOR USIN	G THIS
PLEASE NOTE: Stu	_	nizations are considered er MSU's tax exempt stat	-	_	-	do not
		and email this voucher w	_			
• -	•	u OR Submit documents t ess days for processing. Yo		•	•	tion.
	I certify that	this payment is appropriate, correct	and made in accordance v	vith University Policy and Proced	dure	
Officer's Name:						
Officer's Signature:	:					
Officer's NET ID:				С	DATE	
Officer's Position:						
Advisor Name:						
Advisor Signature:	nuired if CA	SHNet request over \$500.	nn		DATE	
OFFICE USE AREA	₁ uneun CA	omiter request over 5500.	,,	<u></u>	/AIL	
SIGNATURE VERIFIED			PAYMENT MADE			
VOUCHER RECEIVED				CASHNET CLOSED		
		CASHNET CREATED		-		