INV#_____

Spalding University

Book Voucher Request Form

Student Name:_____ ID_____ Term:_____

Student must list each book and the "New Book" itemized cost before submitting form to:
Enrollment Services Office, 901 S. Fourth St, First Floor - Fax 502-585-7128

Book Title	Cost
Total Charge	$

_____ _____ _____

Student Signature Date Telephone # or Email

_____**Enrollment Services Office Use Only**_____

CURRENT STUDENT BALANCE $_____

Pending Financial Aid $_____

BOOK VOUCHER ELIGIBILITY $_____ or

3rd Party Payment Guarantee $_____

Specify 3rd Party Payer_____

NOTE: Documentation of 3rd Party Guarantee must be submitted with completed Book Voucher Request Form.

Book Voucher Authorized For: $_____ (Purchase may not exceed this amount)

_____ _____

Spalding University Authorized Signature Date