



Disbursement Voucher Payee Certification

I, (print payee name) _____, hereby certify that all charges and/or reimbursements pertain to Indiana University business, that the amount is legally due after allowing all just credits, and that no part of the same has previously been paid or will be paid by another source.

X _____
Payment Amount

X _____
Payee Signature (handwritten)

X _____
Date

******PLEASE CHECK THE BOX BELOW THAT CORRESPONDS TO YOU, IF YOU ARE EMPLOYED BY ANY INDIANA UNIVERSITY CAMPUS IN ANY CAPACITY**

HOURLY

ADJUNCT FACULTY

I am **NOT** employed by IU

Years Teaching Experience _____

Student Teachers You've Supervised _____

Advanced Degree –Masters or above _____ yes _____no

****New paperwork is needed if there is a split/change in original placement assignment and payment amount will be adjusted**

Student Teacher Name X _____

Dates of Placement X _____

University Supervisor X _____

For Office Use Only:

KFS¹ Disbursement Voucher Number _____