



Rogue Community College

**Internal Voucher - PEX charges**

**Email: AR@roguecc.edu**

**DATE:** \_\_\_\_\_

**DEPT NAME:** \_\_\_\_\_ **ACCT #:** \_\_\_\_\_

**GRANT:** \_\_\_\_\_

**PREPARED BY:** \_\_\_\_\_ **EMAIL:** \_\_\_\_\_

**Term:** Summer  Fall  Winter  Spring  Academic Year: \_\_\_\_\_

Student ID	Last Name	First Name	Gas \$	Other \$	Other Desc	Total

**I authorize Rogue Community College to fund PEX cards of students listed and charge the accounts listed for the funding. I understand it is my responsibility to hold the students accountable for purchasing the correct items.**

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Authorized Name (typed)

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date