



Rogue Community College<sup>®</sup>

Internal Voucher

Email: AR@rogucecc.edu

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

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

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

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

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

Student ID	Last Name	First Name	Course	\$ Tuition Fees	\$ Bookstore	\$ Total

**I authorize Rogue Community College to apply this voucher to the students listed above for the courses and/or amounts indicated, making me liable for the amount due. I understand it is my responsibility to hold the students accountable for purchasing the correct items.**

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

\_\_\_\_\_  
Title

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

\_\_\_\_\_  
Date