

ASSOCIATED STUDENT ACTIVITIES

HUB-Robeson Center

PSFCU Change Voucher Request

Today's Date: _____

Org/Acct#: _____ Organization Name: _____

Org Member Name(s) _____

Contact Number(s): _____

Event/Program: _____

Date(s) of Event/Program: _____

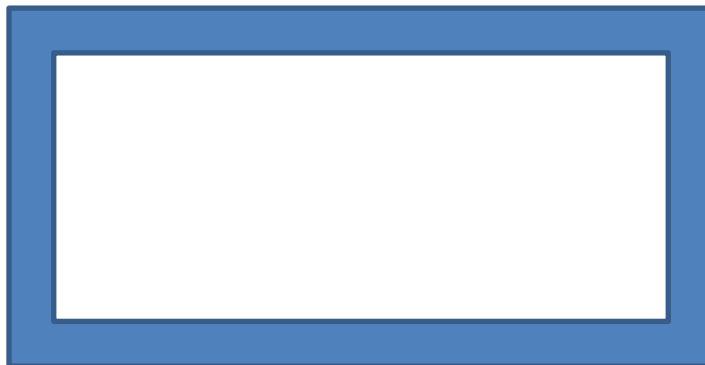
I verify the above named group is a Penn State recognized student organization with the ASA Office. As a student organization with ASA, please provide change for the above named event/program on the listed date. This voucher is only good for dates of program listed above.

MEMBER'S NAME: Associated Student Activities

ADDRESS: 240 HUB-ROBESON CENTER, UP 16802

MEMBER'S SIGNATURE AND DATE: _____
Signature Date

Date Valid



Valid PSU ID is required for identification by PSFCU in the HUB-Robeson Center.

PSFCU hours are: Monday - Friday, 9:00 a.m. to 4:00 p.m.

Change is only available during this time.