

# BOOKSTORE VOUCHER

PLEASE COMPLETE THE FOLLOWING

Date of Request: \_\_\_\_\_ Student ID: \_\_\_\_\_

Student Name: \_\_\_\_\_

Amount Requested \_\_\_\_\_

Student Signature: \_\_\_\_\_

By signing this form, I certify that the items purchased are material for my personal use and the purchase will not exceed the authorized amount indicated above. \_\_\_\_\_  
Initial

By signing this form, I understand that if my aid changes or my account is reduced prior to the posting of the book charge I will be responsible for the balance on my account. \_\_\_\_\_  
initial

By signing this form, I understand that a Refund will not be processed until all vouchers have been closed out and posted to my tuition account. \_\_\_\_\_  
initial

## FOR OFFICE USE ONLY

Bursar Office \_\_\_\_\_ Date \_\_\_\_\_ Amount Approved \$ \_\_\_\_\_

Service Indicator \_\_\_\_\_ Date \_\_\_\_\_ Amount Approved \$ \_\_\_\_\_

Please return this form via your Holy Cross email to [Bursar@holycross.edu](mailto:Bursar@holycross.edu)