



PROPRIETARY ITEMS

A.
SKU# BGSU08
Description Invoice, 3 Part, 50/Pk

B.
SKU# BGSU09
Description Fee Waiver, Child/Spouse, 50/Pk

C.
SKU# BGSU10
Description Fee Waiver, Exp. Authorization, 50/Pk

D.
SKU# BGSU12
Description Envelope, #10, Campus Mail, 500/Bx

E.
SKU# BGSU13
Description Envelope, #9, Business Reply, 500/Bx

F.
SKU# BGSU2340
Description BGSU Laser Badges, 10 Pgs/Pk
 8 labels/page, 80 labels/pack

G.
SKU# BGSU2410
Description BGSU Mailing Labels, 100/Pk

INVOICE
 BOWLING GREEN STATE UNIVERSITY
 BOWLING GREEN, OHIO 43403

DEPARTMENT: _____ PROJECT: _____
 BUDGET: _____ FUND: _____
 DATE: _____

PLEASE INCLUDE ACCOUNT NUMBER WITH PAYMENT.
 MAKE CHECK PAYABLE TO BOWLING GREEN STATE UNIVERSITY.
 AND RETURN WITH DUPLICATE INVOICE TO BURSAR'S OFFICE.

EXPENSE AUTHORIZATION
 OF A FULL-TIME EMPLOYEE

DESCRIPTION: _____ UNIT PRICE: _____ EXTENSION: _____

Printed Name of Student: _____ Semester: () Fall () Spring () Summer
 BGSU I.D.#: _____

Address: _____
 This student is an () exhibitor agent. If child is checked, please answer questions 1 through 3 below directed to the exhibitor agent.

1. Do you provide more than one year of the child's support which includes lodging, food, clothing and medical expenses?
 2. Are you obtaining or claiming the child as a dependent on your state Federal income tax return? If no, complete Question 3.
 3. If the child is not a dependent on your state Federal income tax return, the exhibitor agent in which state is the child's primary residence?
 4. If the child is not a dependent on your state Federal income tax return, the exhibitor agent in which state is the child's primary residence?
 5. If the child is not a dependent on your state Federal income tax return, the exhibitor agent in which state is the child's primary residence?
 6. If the child is not a dependent on your state Federal income tax return, the exhibitor agent in which state is the child's primary residence?

Printed Name of Department: _____ Date of Retirement: _____ Area/Dept Code: _____
 Budget/Code: _____ Employee Signature: _____
 BGSU I.D.#: _____ Department Chair/Area Head Approval: _____

NOTE: THIS FORM MUST BE COMPLETED FOR EACH SEMESTER CHILD/SPOUSE IS TO REQUEST A FEE WAIVER. PLEASE SEND THIS FORM TO THE OFFICE OF PERSONNEL SERVICES.

EXPENSE AUTHORIZATION
 OF A FULL-TIME EMPLOYEE

Printed Name of Department: _____ Date of Retirement: _____ Area/Dept Code: _____
 Budget/Code: _____ Employee Signature: _____
 BGSU I.D.#: _____ Department Chair/Area Head Approval: _____

NOTE: THIS FORM MUST BE COMPLETED FOR EACH SEMESTER CHILD/SPOUSE IS TO REQUEST A FEE WAIVER. PLEASE SEND THIS FORM TO THE OFFICE OF PERSONNEL SERVICES.

BUSINESS REPLY MAIL
 ATTENTION: BOWLING GREEN STATE UNIVERSITY
 MAIL CENTER ST
 BOWLING GREEN, OH 43403-9907

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