

# Departmental Transfer Voucher Referral Form

Student Health Center

Mailcode 6740 · 374 East Grand Avenue · Carbondale, IL 62901

Ph: 618/453-3311

## Complete this form when sending an employee to Student Health Center for medical services

Employee Name (Last, First, MI) <hr/> ID # <hr/> Date: ___/___/___	<b>Employee Important Payment Information</b> 1. Obtain written approval from your department's fiscal officer or delegate prior to appointment. 2. Bring this signed form with you at the time of appointment and present at check-in. 3. Employee/patient is responsible for all charges if referring department refuses payment.
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### Responsible Party

Contact Person Name (Last, First, MI)	
Referring Department	
AIS Account title	
Budget Purpose	Object Code
Phone	

### Referral is for

<input type="checkbox"/> Follow-up	<input type="checkbox"/> X-Ray
<input type="checkbox"/> Evaluation	<input type="checkbox"/> Lab
<input type="checkbox"/> Treatment	<input type="checkbox"/> Other _____

Additional Information <i>(Please indicate if this is a work related injury)</i>
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Fiscal Officer Name / Title (print)

Fiscal Officer Signature\*

Date

\*Signature indicates approval of payment.