Associated Students or Student Organization -
Payment Request Form

Please Note: Receipts for reimbursement will not be accepted more than Two Weeks after the event. This form must be submitted with ORIGINAL receipts.

Request Type: ☐ Reimbursement or ☐ Income Withdrawal

Date of Request: ____________________________

Name: ____________________________ Email: ____________________________ Phone: ____________________________

Name of Organization: ____________________________

Name of Person AND Social Security # to be reimbursed:

(Name - MUST be a Principal Member for Student Org.) (SS#)

Payment Mailing Address: ____________________________ (Address) ____________________________ (City, State, Zip)

Reimbursement requested for: ☐ Event or Publication or ☐ Operating Supplies Purchased
If reimbursement is for an Event, please provide:
Event Name: ____________________________ Date: ____________________________

Did Associated Students provide funding for this Event or Media Publication? ☐ Yes ☐ No ☐ Other Source
Please provide name of other funding source: ____________________________

For a Food Expense Reimbursement, a List of Persons Attending the Event MUST be attached to this form, as well as the Title, Date and Reason for the Meeting. Please indicate if Food was for Breakfast, Lunch, Dinner or Light Refreshments. Please Note: If this was for a Student Event, which was Open to Everyone, or a High School Conference, a list is not required.

TOTAL AMOUNT TO BE REIMBURSED OR WITHDRAWN $ ____________________________

Complete this Section for: Student Organization Income Withdrawal Only. Income Withdrawals require: Signature of Four (4) Principal Members.

Principal Member ____________________________ Signature ____________________________ Print Name ____________________________ Date ____________________________

Principal Member ____________________________ Signature ____________________________ Print Name ____________________________ Date ____________________________

Principal Member ____________________________ Signature ____________________________ Print Name ____________________________ Date ____________________________

Principal Member ____________________________ Signature ____________________________ Print Name ____________________________ Date ____________________________

For SLBS Only: ____________________________

Date Processed: ____________________________ Processed By: ____________________________

Pay Auth Document #: P ____________________________ Index #: ____________________________

Last Updated: 8/25/05 ELR