

# Associated Students or Student Organization- Payment Request Form

**Please Note:** Receipts for reimbursement will not be accepted more that **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TOTAL AMOUNT TO BE REIMBURSED OR WITHDRAWN \$ \_\_\_\_\_

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

Principal Member _____	Signature _____	Print Name _____	Date _____
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Principal Member _____	Signature _____	Print Name _____	Date _____
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Principal Member _____	Signature _____	Print Name _____	Date _____
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Principal Member _____	Signature _____	Print Name _____	Date _____
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**For SLBS Only:** Last Updated: 8/25/05 ELR

Date Processed: \_\_\_\_\_ Processed By: \_\_\_\_\_

Pay Auth Document #: P \_\_\_\_\_ Index #: \_\_\_\_\_