## **Student Organization Payment Processing Form**

## **Timestamp of Date Received:**

<u>Please Note: All student & employee reimbursements must be made through direct deposit. Direct Deposit should be set up using HokieSpa.</u>

Please be sure to attach all supporting documentation i.e.: invoice and/or itemized receipt(s) to this request to insure fast and efficient processing of payment. <u>ALL</u> small <u>receipts</u> should be taped onto a separate 8 ½ x 11 piece of paper; only using one side.

1.	Today's Date: / /
2.	Date of Event: / /
3.	Name of Activity/Project:
4.	Name of Organization:
5.	Payment is for: (Please check one)
6.	Total Payment: \$
7.	Make Payment/Reimbursement to:(Enter Vendor Name if payable to a COMPANY or Enter Individual's Name)
	Payee address:
	Address (1):
	Address (2):
	City, State, Zip:
8.	Description of payment/reimbursement:
9.	Please indicate routing of check (for vendor/invoice payments only):
	Mail Directly Will pick up from Bursar's Office
ana	reby certify that the expenses described above and per any attachments hereto were incurred by me I are necessary and appropriate expenditures of the named student organization. By my signature, nowledge that any goods purchased become the property of the named student organization of Virginia h.
10	. Requested By: (Please Print Name) (Signature) (Date Submitted)
	(Please Print Name) (Signature) (Date Submitted)
11	(Requestor's email address) (Requestor's telephone number)  Budget Manager or Advisor Approval:

(Signature)

(Date Submitted)

(Please Print Name)

## STUDENT ENGAGEMENT & CAMPUS LIFE

## **Student Organization Payment Processing Form**

	Name:		
Fed T	ax ID#: (If payable to Vendor/Company)	<u>OR</u>	Hokie Passport#: (If reimbursing VT Student/Faculty/Staff)
	Сн	IECK	LIST:
	Detailed original receipts or invoices so If you are submitting for gas mileage re the round trip mileage along with the r	eimbur	sement, you will need to attach a map showing
	· — ·		r sides to an 8.5x11 sheet of paper. They must run through a copier/scanner. Please do not
	A payment processing form needs to be sheet).	oe filled	d out for each person to be paid (see back of
	Please do not use staples on any of yo	ur pap	erwork.
	If you have an invoice that needs to be W9 form from the vendor so that they of	•	directly to the vendor you will need to obtain a paid.
	If you have multiple receipts, please la	abel ea	ach one with a description of the purchase.
۸II م	properly completed request	c will	he processed in a timely manner

All properly completed requests will be processed in a timely manner.

Any incomplete requests received will be held until receipt of required additional information. Completed paperwork can take several weeks to be processed by the Controller's Office.

Accounting Use Only							
** <b>Account No</b> **: GEN or BB	Fund Number	Expense Code	Activity Code				