

RSO Invoice Payment Form- Student Organizations

(Also used for Departmental Payments)

Name of Vendor or Company Being Paid: _____

Fed Tax ID# (Not Needed for VT Department Payments): _____

Hard copies of this form and accompanying documents must be turned in, in person, to Squires 225 by deadlines outlined in policy/procedure. The office is open Monday- Friday, 8:00 am - 5:00 pm.

Please be sure to attach all supporting documentation i.e.: invoice and/or itemized receipt(s) to this request to ensure fast and efficient processing of payment.

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.

Check List for Payment Processing:

(Please be sure to review and check off each item)

- Please do not use staples on any of your paperwork.
- Invoices must be paid to a company/vendor, and **cannot** be paid to a student/faculty/staff member. **Do NOT pay an invoice and request a reimbursement. SBB will pay the invoice directly.**
- A payment processing form needs to be filled out for each vendor to be paid (see back of sheet).
- Detailed original invoices showing all items/services to be purchased.
- If you have an invoice that needs to be paid directly to the vendor, please email budgetboard@vt.edu to see if we already have a W-9 on file for the vendor. If we do not, you will need to obtain one from the vendor. Invoices from a VT Department **do not** require a W-9 form.
- Submit this form with invoice and W9 form, as soon as you receive your invoice.
- If payment is needed on day of event, paperwork must be turned in 4 weeks ahead of event date to receive check on time.
- If you have questions, please ask the SBB Administrative Associate during office hours (8:00 am to 5:00 pm, Monday through Friday) in Squires 225.

Be sure to complete both sides →

Timestamp of Date Received:

1. Name of Organization: _____
2. Today's Date: ____ / ____ / ____
3. Name of Project or Event: _____
4. Date of Event: ____ / ____ / ____
5. Request Number: _____
6. Total Payment (Per SBB Allocation): \$ _____
7. Item with Line Item Numbers:
 - Item: _____ Line Item Number: _____
 - Item: _____ Line Item Number: _____
 - Item: _____ Line Item Number: _____

| Please note: Vendor/invoice payments will be mailed directly to the vendor at
| the address below.

8. Make Payment to: _____
(Enter Vendor Name if payable to a COMPANY or Enter Individual's Name)

Payee address:

Address (1): _____
Address (2): _____
City, State, Zip: _____

I hereby certify that the expenses described above, and per any attachments hereto, were incurred by me and are necessary and appropriate expenditures of the named student organization. By my signature, I acknowledge that any goods purchased become the property of the named student organization at Virginia Tech.

9. Requested By: _____ / _____ / _____
(Please Print Name) (Signature) (Date Submitted)

_____ (Requestor's email address) (_____) _____ - _____
(Requestor's telephone number)