RSO Reimbursement Payment Form

Name of Individual or Org Being Reimbursed: ____________________________________________

Fed Tax ID#: __________________________ OR Hokie Passport#: ________________________
(If payable to Organization) (If reimbursing VT Student/Faculty/Staff)

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, original
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. You
will have one week from notification to turn in 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.

☐ A payment processing form needs to be filled out for each person to be paid (see back of sheet).

☐ Detailed original receipts showing all items purchased. The receipt must show payment is final.

☐ If you are submitting for gas mileage reimbursement, you will need to attach one receipt for gas
showing travel. We will reimburse based on mileage.

☐ Small receipts must be taped down on all four sides to an 8.5x11 sheet of paper, and taped
down flat so that the paper can be run through a copier/scanner; using only one side of that
paper. Please do not use a highlighter on receipts.

☐ If you have multiple receipts, please label each one with a description of the purchase, indicating
the line item from your Budget Board request.

☐ If you have other questions, please ask the SBB Chair during office hours, which are posted on
the door of the SBB Office, Squires 129B (next to the Ticket Office).

Be sure to complete both sides ➔
1. Name of Organization: ________________________________________________________________

2. Today's Date: ____ / ____ / ____

3. Name of Activity/Project: __________________________________________________________________________

4. Date of Event: ____ / ____ / ____

5. Request Number: ________________________

6. Total Reimbursement: $_______________________

7. Item with Line Item Numbers:
   - Item: _____________________________________________     Line Item Number: _____________________
   - Item: _____________________________________________     Line Item Number: _____________________
   - Item: _____________________________________________     Line Item Number: _____________________
   - Item: _____________________________________________     Line Item Number: _____________________
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   - Item: _____________________________________________     Line Item Number: _____________________
   - Item: _____________________________________________     Line Item Number: _____________________
   - Item: _____________________________________________     Line Item Number: _____________________

8. Make Reimbursement to: ___________________________________________________________________
   (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. Person Seeking Reimbursement:
   __________________________________________________________________
   (Please Print Name) ____________________________  / ____ / ____  (Date Submitted)

   ____________________________  __________________________
   (Requestor’s email address) (Requestor’s telephone number)

10. Additional Org Member:  __________________________________________________________________
    (To confirm the Purchase)  (Please Print Name) ____________________________  / ____ / ____  (Date Submitted)