

RSO Reimbursement Payment Form

****Please download this form and then fill out.
Do not fill out in your browser or information may not save.****

Name of Individual or Org Being Reimbursed: _____

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

This form, along with all supplemental documentation, must be submitted via the [Payment Submission Form on GobblerConnect](#).

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 paperwork or it will be discarded and new paperwork will need to be submitted.
- 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)

- A payment processing form needs to be filled out for each person to be paid (see back of sheet).
 - If a person is seeking reimbursement for multiple items, fill out ONE sheet with all the items.
- 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 was completed. We will reimburse based on mileage.
- 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 questions, please ask the SBB Administrative Associate by setting up a meeting. Meetings can be set up via our online process found on SBB's website.

Be sure to complete both pages.

Timestamp of Date Received:

1. Name of Organization: _____

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

3. Name of Activity/Project: _____

4. Date of Event: ____ / ____ / ____

5. Budget Request Number (on GobblerConnect): _____

6. Total Reimbursement: \$ _____

7. Item for Payment and Line Item Number on GobblerConnect Request:

- Item: _____ Line Item Number: _____
- Item: _____ Line Item Number: _____
- Item: _____ Line Item Number: _____
- Item: _____ Line Item Number: _____

***All student & employee reimbursements must be made through direct deposit.
 Direct Deposit can be set-up using HokieSpa.***

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. I acknowledge that I had the permission of my student organization to expend these funds. By my signature, I acknowledge that any goods purchased become the property of the named student organization at Virginia Tech.

9. Person Seeking Reimbursement:

I consent to electronically sign this Payment Processing Form.

_____ / ____ / ____
 (Please Print Name) (Signature) (Date Submitted)

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

10. Additional Org Member Signature:

(This is needed to validate the individual being reimbursed and ensure they have purchased items related to the organization.)

I consent to electronically sign this Payment Processing Form.

_____ (_____) _____
 (Please Print Name) (Signature) (Email Address)