

UCSO

Student Organization Payment Processing 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 Vendor/Company) *(If reimbursing VT Student/Faculty/Staff)*

*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)

- A payment processing form needs to be filled out for each person to be paid (see back of sheet).
- Detailed original receipts or invoices showing all items purchased.
- If you are submitting for gas mileage reimbursement, you will need to attach a map showing the round trip mileage along with the receipt.
- If you have an invoice that needs to be paid directly to the vendor you will need to obtain a W9 form from the vendor so that they can be paid.
- If you have multiple receipts, please label each one with a description of the purchase.
- If this is for travel reimbursement or payment:
 - Please ensure the hotel room number(s) is on your hotel receipt(s).
 - As an additional attachment, please include the address of the nearest police station to where you stayed. (Recommended it's done on Google Maps).

Be sure to complete both pages.

Information Below for UCSO Treasurer/Advisor Use Only

Account Number

Fund Number

Activity Code

Timestamp of Date Received:

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 small receipts must be taped onto a separate 8 1/2 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) Vendor Invoice Reimbursement

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

6. If you are seeking reimbursement, please skip to #7.

Please indicate routing of check for vendor/invoice payments only:

Mail Directly Will pick up from Bursar's Office

7. Total Payment: \$ _____

8. 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: _____

9. Description of payment/reimbursement:

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.

10. Requestor: I consent to electronically sign this Payment Processing Form.

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

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

12. Org Advisor: I consent to electronically sign this Payment Processing Form.

13. Org Advisor: _____
(Please Print Name) (Signature) (Email Address)