RSO Invoice Payment Form - Student Organizations

(Also used for Departmental Payments)

**Please download this form and then fill out.

Do not fill out in your browser or information may not save**

Name of Vendor or Company Receiving Payment:	
Fed Tax ID# (Not Needed for VT Department Pa	avments):

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 W9 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 and Important Information for Payment Processing:

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

- 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 <u>each</u> vendor to be paid (see back of sheet).
- Detailed, original invoices showing all items/services to be purchased.
- Please email <u>budgetboard@vt.edu</u> 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 by setting up a meeting. Meetings can be set up via our online process found on SBB's website.

Timestamp of Date Received:

1.	Name of Organization:		
2.	Today's Date://		
3.	Name of Project or Event:		
4.	Date of Event: / /		
	Budget Request Number (on GobblerConnect):		
	Total Payment (Per SBB Allocation): \$		
	Item for Payment and Line Item Number on GobblerConn		
	• Item:		
	• Item:	Line Item Number:	_
	• Item:	Line Item Number:	
8.	Make Payment to: (Enter Vendor Name if page address: Address (1): Address (2): City, State, Zip:	ayable to a COMPANY or Enter Individual's Name)	
9.	I consent to electronically sign this Payment Proces	ssing Form. Signature is below. □	
oa	reby certify that the expenses described above, and per ar rd to our organization and are necessary and appropriate ature, I acknowledge that any goods purchased become t h.	expenditures of the named student organization. By	/ m
10	. Requested By:		
	(Please Print Name)	(Signature) (Date Submitted)	
	(Requestor's email address)	(Requestor's telephone number)	
		(Poducetore toloppono numbor)	