Payment/Reimbursement Request Form

Instructions:
1. All checks will be mailed. If payee is a CSU employee (including student employees), upon approval of this form, they must submit a request through the Employee Self-Service Module (ESS). They will receive instructions via email.
2. The person submitting the form cannot be the person being paid or reimbursed.
3. Advisor’s signatures are mandatory.
4. Attach original receipts, no photocopies. Staple receipts to an 8x11 sheet of white paper. Do not use tape. Write name and Laker ID on the top of the 8x11 paper.
5. Do not mix organizational purchases and personal purchases on the same receipt.
6. Reimbursements must be submitted within 10 business days of purchase.
7. Vendor payments: Must be submitted 15 business days prior to vendor payment deadline. Must attach invoice, W-9, and contract if applicable.

Please Print Legibly or Type

Date: _____________________________ Student Organization Name: ____________________________________________________________

Person Submitting Request: _____________________________ President __________ Treasurer __________ Vice President __________ Other __________

Email: ______________________________________ Phone: __________________________

Payee Information

☐ Payment ☐ Reimbursement

If a student:

Name of person or business: ____________________________________________ President __________ Treasurer __________ Other __________

Address: ______________________________________________________________

City: __________________________ State: __________ Phone: __________________________

Laker ID (if student): __________________________ Email: __________________________

Description of payment/reimbursement: ________________________________________________________________

If related to an event, list event name and date: ______________________________________________________________

Accounting Information

☐ SFAB funds Amount: $ __________________

☐ Agency funds Amount: $ __________________

☐ Foundation funds Amount: $ __________________

TOTAL: $ __________________

President or Treasurer (payee cannot be approver) __________________________ Date __________

Advisor __________________________ Date __________

Other (required if advisor is payee) __________________________ Date __________

Updated 8/2017