PAYMENT REQUEST

REMINDERS

* Attach the **ORIGINAL** receipt or invoice to be paid.
* If *multiple receipts or invoices*, complete a Receipt Log and additionally attach.
* Attach an INVOICE and ***NOT*** a QUOTE.
* Please also sign any attached invoices and include the invoice number to the right.
* Turn this form into the Activities Director or the Bookkeeper when complete.
* Ensure that a current **W9** is on file with the Bookkeeping Office.

MAILING ADDRESS:

ATTN:

HAND DELIVERY LOCATION *(i.e. which staff member's box):*

Pay To: _____

_____

PO Number: _____ Amount: _____

Description (i.e. invoice #): _____

_____

_____

Account: _____

Check one: Mail ❑ OR Hand Deliver ❑

Complete box to the left.

CLUB/GROUP APPROVAL

Approval: _____

Student Representative / Club Officer

Approval: _____

Group Advisor / Coach

Date Approved: _____

We certify that this request has been approved & recorded in the group minutes.

ASB APPROVAL

Approval: _____

ASB Executive Board Officer

Approval: _____

Activities Director

Date Approved _____

We certify that this request has been approved & recorded in the ASB minutes.

Payment Approval #: P_____

OTHER NOTES: