



**STUDENT ORGANIZATION
PAYMENT/REIMBURSEMENT FORM**

Today's Date: _____ Specific Date Check is Needed: _____

Information to be Printed on Check

CU ID / Vendor ID Number of Payee: _____ (REQUIRED)

Please check one of the following, if applicable: Campbell Employee Campbell Student

Payee Full Name: _____

Payee Address: _____

Payment Description: _____

Amount: _____

Student Organization: _____ (REQUIRED)

Budget Line to be Charged: _____ (REQUIRED)

Required Approvals

Requester's Signature: _____ Date: _____

Printed Name: _____ (REQUIRED) Department Name: _____

Treasurer's Signature: _____ Date: _____

Printed Name: _____ (REQUIRED) Department Name: _____

IF THIS PORTION IS NOT COMPLETED, THE CHECK WILL BE MAILED DIRECTLY TO THE PAYEE

If check is to be PICKED UP, please indicate the proper employee and department below:

Printed Name _____ (REQUIRED) Department Name _____

***PLEASE ALLOW 10 BUSINESS DAYS FOR PROCESSING FROM THE DATE
ACCOUNTS PAYABLE RECEIVES THE PAYMENT REQUEST***

Warrant No. _____