



## 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. \_\_\_\_\_