

# RSO Financial Services Request for Payment

Name of Organization: \_\_\_\_\_

**Vendor / Payee Information – Please fill out to the best of your ability.**

**Make check payable to:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

**Delivery Method:**

I will pick up the check at the Dean of Students Business Office. If there are any questions, please call me at: \_\_\_\_\_ (Must bring ID for pickup)

Date Needed: \_\_\_\_\_ Name of Person Picking Up Check \_\_\_\_\_

*Please note: University policy is that all reimbursement checks must be mailed. If an exception needs to be made please note the reason.*

Mail check to payee

Yes, include a copy of invoice with payment.

**Invoice Information – Please fill out information regarding the invoices being submitted.**

Invoice or Transaction Date	Description/Reason for Payment (what was purchased)	Amount
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please turn in itemized receipts (receipt that shows what was purchased) if possible. **Total** \_\_\_\_\_

**Account Information – Fill out if you know**

Account Number: \_\_\_\_\_

To be paid from:  Program / Opportunity Fund Money

Name of Program: \_\_\_\_\_

Self Generated Money

\_\_\_\_\_  
Print Name of Person Submitting Request for Payment

\_\_\_\_\_  
Signature & Date

\_\_\_\_\_  
Print Name of Fiscal Agent / Advisor

\_\_\_\_\_  
Signature & Date

*\*\*Fiscal Agent / Advisor must sign either the receipt or the request for payment form. It is okay if both are signed, but it is not required.*