



DIVISION OF STUDENT AFFAIRS
 James M. Baker University Center-250
 2000 Clayton State Boulevard
 Morrow, GA, 30260
 Phone: 678-466-5440

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

Name of person or business: _____ If a student:
President Treasurer Other
Vice President Member

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