



**EASTERN
OREGON
UNIVERSITY**

PAYMENT REQUEST FORM (CLUBS & ORGS)

For Office Use Only

Banner Doc. #:

Check: Mailed To Cashier

All information is **REQUIRED** and **MUST** be filled out **COMPLETELY**. Any missing information will result in a **delay** of reimbursement.

Claimant's Name	EOU ID#	Club/Org Name
Address (for Direct Deposit, please use active WD address)		Club/Org Index Code CLB • SIF • SSD
City, State, Zip		Claimant's Phone

DESCRIPTION OF EXPENDITURES

Date	Vendor Name	Item(s) Purchased	Amount
Total to be reimbursed			

BUSINESS PURPOSE REQUIRED (please be as specific as possible)

I certify that the expense itemized above is necessary and in accordance with the budget allowance of the department and that no part thereof has been heretofore claimed or will be claimed from any other source. I understand that I will be responsible for repaying EOU in the event that any of these expenditures are double reimbursed, paid by another party, or if this reimbursement amount is otherwise improper or inaccurate.

Claimant's Signature

DATE

NOT NECESSARY IF THIS IS A VENDOR INVOICE PAYMENT

I certify that the expense(s) itemized above has been reviewed by me and is accurate, allowable and appropriate. It is within my budgetary authority to approve this expense report.

Department Approval

Print Name & Title - REQUIRED

DATE

ITEM	INDEX	ACCOUNT	ACTIVITY	AMOUNT

PAYMENT INSTRUCTIONS

- List expenditures by vendor.
- Attach ORIGINAL itemized receipt for each expenditure listed. Non-itemized credit/debit card receipts ARE NOT ACCEPTABLE.
- The claimant's EOU ID number must be included (ex. G10123456). The use of the ID and not the SSN is encouraged for security reasons.
- The payment request must be signed by the claimant and the Center for Student Involvement Program Coordinator.
- Enter into FIS as a direct pay document and submit original form and receipts to Accounts Payable in Inlow Hall Room 206.
- Payment will be mailed to claimant unless requested to be picked up at the Cashier's Office in Inlow 214.

AUTHORIZED CLUB SIGNATURES FOR WITHDRAWALS

In order to allow Accounts Payable sufficient time to process all withdrawal requests, you must complete and turn in your Reimbursement Request form at least 72 hours (3 working days) in advance of when funds are needed. Remember: if you are a club, the signatures of the people listed below must be on the ITBA on file. Signatures and fund balances will be verified before checks are authorized. A W-9 must also accompany this form if you have not yet done so for a personal reimbursement...or the vendor you are wishing to pay must have their W-9 attached to this form when submitting an invoice for payment.

Club Treasurer: _____

2nd Authorized Signee: _____

Club Advisor: _____