

Chapter and Club Payment or Reimbursement Form

Instructions:

1. Complete one form for each payment or reimbursement being requested.
2. Requests must be completed and turned into the FSAA **no later than 15 days** of the date of the invoice/purchase to allow for an accurate monthly budget report.
3. Amounts under \$250 require the signatures of two [2] individuals (Preparer and one [1] Approved Signer) and amounts over \$250 require the signatures of three [3] individuals (Preparer and two [2] Approved Signers).
4. The Preparer of the form CANNOT be the same person as any of the Approved Signers. "Approved" signers must be those officers listed as Authorized Signers on the chapter/clubs account.
5. **Original** invoices and/or receipts must be provided with the completed form (can be mailed or delivered).

Chapter or Club Name: _____

- Is this a:**
- [Payment to a person] Reimbursement for an expense already incurred.
 - [Payment to a vendor] Payment on an invoice.
 - [Payment to a campus department/program/unit] Payment/transfer of funds to an on-campus entity.

PAYMENT INFORMATION

Vendor/Person name: _____

Mailing address: _____

City: _____ State: _____ Zip: _____

Amount: \$ _____

If an invoice: Invoice #: _____ Date: _____

HOW WOULD YOU LIKE TO RECEIVE PAYMENT?

- U.S. mail
- e-Payment (Direct Deposit)
 - Person picking up check: _____
 - Cell phone (required): _____
 - Email (required): _____

EXPLANATION OF COST

Event: _____ Date: _____

Location: _____ Purpose of cost: _____

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ACCOUNT SIGNER AUTHORIZATION

Prepared by (print name): _____

Approved Signer #1: _____
(Signature)

(Print Name) (Date)

Approved Signer #2: _____
(Signature) (Date)

(Print Name)

Approved Signer #3: _____
(Signature)

(Print Name) (Date)

FOR FSAA OFFICE USE ONLY

Received by: _____
(Print Name) (Initials) (Date)