Chapter and Club
Payment or Reimbursement Form

Chapter or Club Name: _____

Instructions:

1. Complete one form for each payment or reimbursement you are requesting.
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. **Original** invoices and/or receipts must be provided with the completed form (can be mailed or delivered).
4. The individual receiving reimbursement may prepare the form and may sign as the "Preparer", but they *may not* be one of the individuals *approving* payment. An individual *may not* prepare *and* sign their *own* reimbursement form.
5. For any reimbursement or payment over $250, two "Approved signers" signatures are required.
6. "Approved" signers must be those officers listed as Authorized Signers on the chapter/clubs account.

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: _____

If an invoice: Invoice #: _____ Amount: $_____ Date: _____

HOW WOULD YOU LIKE TO RECEIVE PAYMENT?

☐ U.S. mail ☐ Pick up at the Fresno State Alumni Association office

Person picking up check: _____

Cell phone (required): _____

EXPLANATION OF COST

Event: _____

Location: _____ Date: _____

Purpose of cost:

ACCOUNT SIGNER AUTHORIZATION

Prepared by (print name): _____ Date: _____

Approved signer #1 Print name: _____

Signature: _____ Date: _____

Approved signer #2 Print name: _____

Signature: _____ Date: _____