

Chapter and Club Payment or Reimbursement Form

Chapter or Club Name: _____

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. **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, but they *cannot* be one of the individuals *approving* payment. An individual *may not* prepare *and* sign their *own* reimbursement form.
5. Amounts *under* \$250 require the signatures of two individuals. The first signature is of the Preparer. The second signature must be an Approved Signer on the account.
6. Amounts *over* \$250 require the signatures of three individuals. The first signature is of the Preparer. The second and third signatures must be Approved Signers on the account.
7. "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: _____

Amount: \$ _____

If an invoice: Invoice #: _____ 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: _____