

COLLEGE OF ARCHITECTURE PLANNING & DESIGN

STUDENT ORGANIZATION PAYMENT REQUEST

please write on this form and not the original receipt

Club Name:

PAYEE INFORMATION

Payee Name

Payee Address

Vendor Information on File

W-9 Attached

JUSTIFICATION OF EXPENSE

Amount:

What/Where: Describe purchase (i.e. supplies, catering, etc.)

When: Date purchased and event date

Why: Explain why the expenditure benefits KSU students

Additional Comments

REQUESTED BY

Treasurer, Print Name

Email address

Signature

Date

Advisor, Print Name

Email address

Signature

Date

Please submit receipt and form together to the Dean's Office, 2132 Regnier Hall. Copies of receipts will not be accepted by Financial Services. All checks will be mailed directly to vendors. Please contact Heather (tourney@ksu.edu) or Sharon (hartwich@ksu.edu) with questions.