



Office of Activities and Engagement

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Funded Student Organization REQUEST FOR PAYMENT

Registered Student Organization Name: _____
 Name of Person Submitting Form: _____
 Phone number: _____
 Email: _____

Were any of these expenses for the purchase of food or drink costing **OVER \$30?** Y N

-If yes, please fill out a Hospitality Form **AND** provide a list of event attendees (if event was open to the public PLEASE say this on the Hospitality Form & include flyer/ad).

Were any of these expenses for the purchase of food or drink **UNDER \$30?** Y N

If yes, please list reason (club meeting, event, etc.) _____

If yes, please list date(s) items were used/consumed _____

If yes, please list who attended _____

Were any of these expenses part of club travel? Y N

If yes, please list destination of travel (i.e. Denver, CO) _____

If yes, please list purpose of travel (i.e. Microbiology Conference, etc.) _____

If yes, please list all dates of travel (i.e. 11/14-11/17) _____

TURN OVER!

