

Student Organization Disbursement Request Form

*Please allow at least 15 business days from the time the fully completed and approved request form is received in the Campus Life Office to receive payment or Purchase Order number. *

Organization Name: _____

Account Number to be charged: 12-52- _____ Please note the amount by the appropriate account line:

Total Amount to be paid: \$ _____ Scot Council Expense—58040 \$ _____

What is/are the reason(s) for the purchase(s): _____ Self Generated Expense—58030 \$ _____
_____ Scot Council Transfer Out—81002 \$ _____

Event Date: _____ Self Generated Transfer Out \$ _____

Number of Attendees: _____ Students _____ Faculty _____ Staff _____ Other _____

Type of Payment (Check One):

Reimbursement to Student, Faculty or Staff Member*

*Note: Faculty and Staff should complete Employee Reimbursement Form along with this form to be submitted to Campus Life

P-Card purchases made by _____ from The _____ Department on account number _____ needs to be billed to student organization listed above

Payment/Purchase Order Request (College will send check directly to individual/company *May Require Additional Forms)

Transfer to another organization or campus department account: _____

Payment Made Out To: _____ Student I.D. # _____

Address/Contact Information: _____

Payment Approved By (Print Name, Sign Name, Date):

Treasurer: _____ Date: _____

President (if over \$50) : _____ Date: _____

Advisor (if over \$100): _____ Date: _____

Campus Life Office Use ONLY:

Received: _____ Processed (if different than received): _____

Requisition _____ Entered _____ by _____

PO # _____ Date _____ Received in Datatel _____

Notes:
