

**PAYMENT/REIMBURSEMENT AUTHORIZATION FORM
STUDENT ORGANIZATIONS - HOUSES - ENTRIES**

Vendor Legal Name:

Address:

Vendor Classification:

Wms Employee
Wms Student
Other

Payment Method:

Check
Direct Deposit

Special Handling:

Enclosure
Pickup
(Emergencies Only)

Account (6) Fund (3) Dept ID (7) Today's Date Event Date Amount (insert decimal)

Event Name Item Description

Account (6) Fund (3) Dept ID (7) Today's Date Event Date Amount (insert decimal)

Event Name Item Description

Account (6) Fund (3) Dept ID (7) Today's Date Event Date Amount (insert decimal)

Event Name Item Description

Total Amount

Student Organization/House/Entry (requesting funds)

Finance Officer's Name

E-mail address

***** Office Use Only *****

College Council - Authorization: _____ Date: _____

Responsible College Administrative Office - Authorization: _____ Date: _____