STUDENT ORGANIZATION PAYMENT REQUEST -- VP2

DATE _____ STUDENT ORGANIZATION'S NAME _____

VENDOR NAME _____

ADDRESS _____

_____

CITY & ZIP CODE _____

DESCRIPTION OF EXPENDITURE _____

_____

_____

AMOUNT $ _____

COST CENTER: __ __ __ __ __ __ __ __ ACCOUNT: __ __ __ __ __

_____ _____

Student Organization Representative's Signature* Print Name of Representative

_____ _____

Student Organization Advisor's Signature* Print Name of Advisor

*By signing this form one is certifying that funds are available in the account to cover expenditures

VENDOR INVOICES REQUIRED FOR PAYMENT