



**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**