

PAYMENT REQUEST

STUDENT ORGANIZATIONS

UCSD STUDENT LIFE BUSINESS OPERATIONS
9500 GILMAN DRIVE #0064
LA JOLLA, CALIFORNIA 92093-0064
PRICE CENTER EAST THIRD FLOOR
PHONE: 858-246-4468 FAX: 858-246-0153



Request Type: Reimbursement

- Receipts for reimbursement must be submitted no later than **TWO WEEKS** after an event date.

Org Fund Withdrawal

- Reimbursement requests must be submitted with **ORIGINAL RECEIPTS TAPED** to a 8.5" x 11" sheet of white paper.
- Withdrawals of student organization funds require the signature of **TWO (2) PRINCIPAL MEMBERS**.

PLEASE PRINT LEGIBLY – PAYEE MUST BE A PRINCIPAL MEMBER

Payee: _____ Employee or Student ID #: _____

Student organization: _____ Email address: _____

Payee mailing address: _____

City, State ZIP: _____ Phone #: () _____

FOR REIMBURSEMENTS ONLY

If a reimbursement, please identify the type of request: Event Supplies or operating expenses

Event name, if applicable: _____ Date of event: _____

Did Associated Students provide funding for this event? Yes No

Please name other funding sources, if any: _____

TOTAL ADVANCE AMOUNT:

_____ Dollars

\$

I certify with my signature below that this reimbursement or withdrawal will be used for its stated purpose and in accordance with our student organization's constitution, bylaws, and UCSD policies.

Payee signature: _____ Date: _____

ORG FUND WITHDRAWALS REQUIRE A SIGNATURE FROM A SECOND PRINCIPAL MEMBER

I certify with my signature below that this withdrawal will be used for its stated purpose and in accordance with our student organization's constitution, bylaws, and UCSD policies.

Signature: _____ Print name: _____ Date: _____

FOR STUDENT LIFE BUSINESS OFFICE USE ONLY

Petty cash Payment Authorization Document #: P Index #: _____