

PAYMENT REQUEST

This form is intended for student organizations requesting reimbursement or direct payment to a vendor for approved expenses. Please follow these instructions carefully. Incomplete forms or inadequate supporting documents will not be processed. For reimbursements, submit request within 30 days (1 month) of purchase. After 30 days, reimbursements may be denied. Registered Student Organizations: Submit to Student Life office at 1 Aloha Tower Drive, Honolulu, HI, 96813

Student Organization Name: _____
 Treasurer or Financial Officer: _____ Phone: _____ Email: _____@my.hpu.edu
 Reason for request: Reimbursement Payment to vendor Other: _____

PAYEE INFORMATION – INDIVIDUAL OR VENDOR TO BE REIMBURSED OR PAID

First and Last Name or Vendor Name _____ @ _____
HPU ID # (Required for reimbursements)
 Mailing Address: _____ Phone: _____
 _____ Email: _____@my.hpu.edu

Payment Handling (check one):

- For reimbursements up to \$100: You will be contacted via your HPU email when your reimbursement is ready. Pick up Student Life office at 1 Aloha Tower Dr. You must pick up your reimbursement within 10 business days of email notification.
- For payments to vendors: checks will be mailed to address listed above. Purchasing Card payments will be arranged on a case by case basis. Consult the Student Life staff member who oversees your organization.

EXPENSE OR PAYMENT DETAILS

*FOR PAYMENTS: Attach vendor invoice. HPU must have a completed W9 on file before vendors can be paid.
 FOR REIMBURSEMENTS: All receipts MUST be original, dated, itemized, show method of payment and balance due of \$0.
 Tape receipts to 8.5" x 11" paper in order of the date of the receipt. Number each receipt accordingly and circle amount to be reimbursed.*

Final approved ARF number: _____ Approved ARF budget number: \$ _____
 Date / time/ title of event: _____

#	Date of Receipt	Vendor	Description & Purpose of Items	Supplies	Food & Drinks	Other	\$ Amount INCLUDE TAX
	10/25/13	Costco	Paper goods, food, and drinks for 10 students	\$7.22	\$32.78		\$40.00
1							\$
2							\$
3							\$
4							\$
5							\$
6							\$
7							\$
<small>(Attach another Reimbursement/Payment Request if additional space is needed)</small>				Totals:	\$	\$	\$

APPROVAL

 Treasurer or Financial Officer Signature Date Organization Advisor Signature Date