HAWAI'I PACIFIC UNIVERSITY

Office of Student Activities

	Office of St.	Jueni Activities
Date Received:		By:

PAYME	NT R	EQL	JEST
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Treasurer or Financial Officer:	Plea	se follow the	se instruction s, submit reque	nt organizations requesting reims or a scarefully. Incomplete forms or a st within 30 days (1 month) of purchadent Organizations: Submit to Stude	inadequate suppoi ase. After 30 days, re	rting docum eimbursemen	ents will not ts may be den	be processe	-	
Reason for request: Reimbursement	Stud	ent Organiza	tion Name:							
PAYEE INFORMATION — INDIVIDUAL OR VENDOR TO BE REIMBURSED OR PAID First and Last Name or Vendor Name	Trea	surer or Fina	ncial Officer: _	Ph	one:	Ema	il:		_@my.hpu.edu	
First and Last Name or Vendor Name Pull D# (Required for reimbursements)	Reas	on for reque	st: 🗖 Reimbu	rsement	dor 🔲 Other: _					
Mailing Address: Phone:										
Mailing Address: Phone:					@					
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 PAYMENTS: Altoch vendor invoice. HPU must have a completed W9 on file before vendors can be paid. FOR PAYMENTS: Altoch 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:	Firs	t and Last Name	or Vendor Name		HPU ID # (Require	uired for reimbursements)				
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Receipt	<i>Tape</i> Fina	receipts to 8.5	5" x 11" paper ii RF number:	n order of the date of the receipt. Nu	mber each receipt a	ccordingly an	d circle amou	nt to be reimb		
10/25/13 Costco Paper goods, food, and drinks for 10 students \$7.22 \$32.78 \$40.00 1	#		Vendor	Description & Purpose of Ite	ems	Supplies		Other		
2			Costco	Paper goods, food, and drinks f	or 10 students	\$7.22	\$32.78		\$40.00	
3	1								\$	
4 \$ 5 \$ 6 \$ 7 \$ (Attach another Reimbursement/Payment Request if additional space is needed) Totals: \$ \$ \$ APPROVAL	2								\$	
\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	3								\$	
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Transurar or Financial Officer Cignature Data Organization Advices Cignature				AP	PROVAL					
Transpiror or Empiroral Officer Cignature Date Organization Advisor Cignature			0.00							