PAYMENT REQUEST FORM

Entered by: Date: **Voucher #:**

Payee: **ID#:**

<div style="font-size:small">Full name: Last, First, Middle</div>   Vendor #, UVA student 9-digit ID, or Faculty/Staff Employee ID

Today's Date: **Date of Event:**

Submitted By: **Location of Event:**

Purpose of Event:

Total Amount*:

*If more than one program, please specify PTAOs and amounts below:

ENTER P.T.A.O(s) below	Exp Type (GPO use only)	Amount
		$
		$
		$
		$

Total Number of Students/Faculty Attending:

Up to ten (10) attendees, list names and affiliation to program. If more than ten (10), list by category and number (i.e., 15 students, 10 faculty, & 2 staff). For outside visitors, list by name and affiliation.

If request for reimbursement is over 30 days, please list reason why:

Include ORIGINAL DETAILED receipts in the email with reimbursement request

_____   _____

BIMS Admin Approval Signature   Printed Name
   or, if GBS reimbursement, none required

Validated by:_____Date:_____